

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-011557

STATE FILE NUMBER

2 2928

FILED APR 14 1959

Registration District No. _____ Primary Registration District No. _____

Registrar's _____

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis			c. CITY OR TOWN Valley Park		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis - Little Rock Hospitals, Inc.			d. STREET ADDRESS (If outside, give location) 205 Lookout Ave		
3. NAME OF DECEASED (Type or print) First Middle Last Alfred Lee Zeiser			4. DATE OF DEATH Month Day Year March 21, 1959		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Mar. 1, 1886		9. AGE (In years last birthday) 73
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Signal Maintainer		10b. KIND OF BUSINESS OR INDUSTRY Railroad		11. BIRTHPLACE (City and state or country) Franklin Co., Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME JOHN ZEISER		13b. MOTHER'S MAIDEN NAME FRANCIS BROWN	
14. NAME OF HUSBAND OR WIFE ANNA ZEISER		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 702-14-5029	
17. INFORMANT Anna Zeiser, 205 Lookout Valley Park Mo.		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Occlusion</u> DUE TO (b) <u>arteriosclerotic heart disease</u> DUE TO (c) <u>420.0</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 hours</u> <u>4 1/2 years</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>9-9-55</u> to <u>March 21, 1959</u> and last saw <u>him</u> alive on <u>March 21, 1959</u> Death occurred at <u>10:30 p.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>Schraden F. H. M.D.</u>			22b. ADDRESS <u>1755 S. Grand</u>		22c. DATE SIGNED <u>MAR 23 1959</u>
23a. DATE OF REMOVAL (Specify) <u>3/24/59</u>		23b. NAME OF CEMETERY OR CREMATORY <u>St. Peter's Cem.</u>		23c. LOCATION (City, town, or county) (State) <u>Washington, Mo</u>	
24. FUNERAL DIRECTOR <u>Schraden F. H., Bellview Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>MAR 23 '59</u>		26. REGISTRAR'S SIGNATURE <u>Paul Smith M.D.</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Health, Welfare, Public Service
300
-57
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All diseases in Part I must be causally related.
Doctor, coroner, etc., must use only statements on reverse side.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Richard Papp*

Licensed Embalmer No. *4584*
P. O. Address *Ballwin, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.