

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-013467

FILED VS MAR 30 1960

Registration District No. 317 Primary Registration District No. 531 Registrar's No. 864 STATE FILE NUMBER

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY St. Louis		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN University City		a. STATE Mo.		b. COUNTY St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 6925 Roberts Ave.		Length of stay in 1b 84 yrs.		c. CITY OR TOWN University City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. STREET ADDRESS 6925 Roberts Ave.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 6925 Roberts Ave.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First MR. ARMIN		Middle RUDOLPH		Last ZOTT		Month Day Year March 12, 1960	
5. SEX M	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9/12/1875	9. AGE (last birthday) 84	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) (Ret) New Business Accts Valley Trust		10b. KIND OF BUSINESS OR INDUSTRY Mississippi		11. BIRTHPLACE (City and state or country) St. Louis		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Armin Zott		13b. MOTHER'S MAIDEN NAME Louisa Kuehner		14. NAME OF HUSBAND OR WIFE Genevieve A. Zott			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give dates of service) No None		16. SOCIAL SECURITY NO. 491-14-7035		17. INFORMANT Address Mrs. Armin Zott 6925 Roberts Ave. (30)			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Natural Cause		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Probable Cerebral Vascular Accident	
DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Ca of throat Ca of Prostate ASHD in fracture		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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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 a.m. p.m. I conferred with his pri. MD, Dr. L. Fitzgerald	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		
20e. CITY, TOWN, OR LOCATION St. Louis		COUNTY	STATE

21. I attended the deceased from 3/11/60 to 3/12/60 and last saw her alive on 3/11/60
 Death occurred at about 1:45-2 AM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Edward J. Demilla	22b. ADDRESS 3720 Washington	22c. DATE SIGNED 3/12/60
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 3/14/1960	23c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cemetery
23d. LOCATION (City, town, or county) St. Louis		(State) Mo.

24. FUNERAL DIRECTOR Alexander & Sons 6175 Delmar Blvd.	25. DATE RECD. BY LOCAL REG. 3-12-60	26. REGISTRAR'S SIGNATURE John C. Mumfley M.D.
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

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

Student _____
Signature of Student Embalmer

Signed

Joseph E. McCullough

Licensed Embalmer No. 276

P. O. Address 6170 R

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co
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.