SOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-016084
STATE FILE NUMBER

AMENDED

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 1222

FILED MAY 8 1961

1. PLACE OF DEATH
a. COUNTY ST LOUIS
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN CLAYTON
Length of stay in 1b DAYS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION STLOUIS CO HOSP
Inside Limits Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MO b. COUNTY ST LOUIS
c. CITY OR TOWN WELLSTON
Inside Limits Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) 6208 JULIAN
Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First AUGUSTA Middle Last ZELTMANN
4. DATE OF DEATH Month 5 Day 1 Year 61
5. SEX FEMALE
6. COLOR OR RACE WHITE
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH 8-13-89
9. AGE (last birthday) 72
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) HOUSE WORK
10b. KIND OF BUSINESS OR INDUSTRY AT HOME
11. BIRTHPLACE (City and state or country) LABADIE MO
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME ADELHART NEUHAUS
13b. MOTHER'S MAIDEN NAME UNKNOWN
14. NAME OF HUSBAND OR WIFE AUG ZELTMANN (DEAD)
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO. NONE
17. INFORMANT GUS. ZELTMANN Address 6208 JULIAN

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Dehydration; malnutrition; & ~~Perforation of carcinoma of colon~~
DUE TO (b) bronchopneumonia ~~Metastatic carcinoma~~
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (c) Postoperative status; fracture left femur
INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Adenocarcinoma of colon with matastasis.

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☑ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☑ NO ☐
20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Fell at home
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year 4-26--61
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home
20f. CITY, TOWN, OR LOCATION Wellston COUNTY St. Louis STATE Mo.

21. I attended the deceased from 4-26-61, to 5-1-1961 and last saw her alive on 5-1-61
Death occurred at 9:40A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE [signature] (Degree or title) MD
22b. ADDRESS 601 S. Brentwood
22c. DATE SIGNED 5-2-61

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE 5-3-61
23c. NAME OF CEMETERY OR CREMATORY ST PETERS
23d. LOCATION (City, town, or county) WELLSTON (State) MO

24. FUNERAL DIRECTOR EARL HILLEMAN ADDRESS OVERLAND
25. DATE RECD. BY LOCAL REG. 5-2-61
26. REGISTRAR'S SIGNATURE [signature] MD

(Licensed Embalmer's Statement on Reverse Side)

ITEM NO. 18a -20f SHOULD READ See the information added INSTEAD OF Perforation of carcinoma splenic flexure and metastatic carcinoma DATE AMENDED 8/10/61

BY AFFIDAVIT OF attending physician DOCUMENT

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 _____ Signed _____

Signature of Student Embalmer

Licensed Embalmer No. 360

P. O. Address Orlando

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.