

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-023717

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 163 Primary Registration District No. 5593 Registrar's No. 41

DO NOT WRITE ON THIS STUB

AMENDED

FILED JUN 25 1962

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| 1. PLACE OF DEATH a. COUNTY <u>LEFFERSON</u> b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>PLATTIN Twp.</u> Length of stay in lb _____ c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Rose Hill N H</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY _____ c. CITY OR TOWN <u>St. Louis</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (if outside, give location) <u>6143 Virginia Ave.</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
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| 3. NAME OF DECEASED (Type or print) First <u>Robert</u> Middle <u>Zelle</u> Last _____ 5. SEX <u>male</u> | | | 4. DATE OF DEATH Month <u>6</u> Day <u>15</u> Year <u>62</u> | | |
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| 6. COLOR OR RACE <u>white</u> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>2/3/76</u> | 9. AGE (last birthday) <u>86</u> | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 24 HR Hours _____ Min. _____ |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Chauffeur</u> | 10b. KIND OF BUSINESS OR INDUSTRY _____ | 11. BIRTHPLACE (City and state or country) <u>St. Louis, Mo</u> | 12. CITIZEN OF WHAT COUNTRY <u>USA</u> |
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| 13a. FATHER'S NAME <u>Fred Zelle</u> | 13b. MOTHER'S MAIDEN NAME <u>Mary</u> | 14. NAME OF HUSBAND OR WIFE <u>Margaret Zelle</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> | 16. SOCIAL SECURITY NO. <u>unk</u> | 17. INFORMANT <u>Roy Zelle 6143 Virginia</u> Address _____ |
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| 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>Cardiovascular disease, Generalized arteriosclerosis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | INTERVAL BETWEEN ONSET AND DEATH _____ |
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| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____ | 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 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.) _____ |
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| 20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____ | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> |
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| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ | 20f. CITY, TOWN, OR LOCATION _____ COUNTY _____ STATE _____ |
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21. I attended the deceased from March 1962 to June 1962 and last saw him alive on June 9, 1962
 Death occurred at 7:30 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE <u>Dorintum Baggar, M.D.</u> (Degree or title) | 22b. ADDRESS <u>Fertig Dr</u> | 22c. DATE SIGNED <u>6/18/62</u> (State) |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u> | 23b. DATE <u>6/19/62</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>New St. Marcus</u> | 23d. LOCATION (City, town, or county) <u>St. Louis County, Mo</u> |
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| 24. FUNERAL DIRECTOR <u>Edw. FENDLER</u> ADDRESS <u>5611 So. GRAND</u> | 25. DATE RECD. BY LOCAL REG. <u>6-18-1962</u> | 26. REGISTRAR'S SIGNATURE <u>Marie Harris</u> |
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(Licensed Embalmer's Statement on Reverse Side)

VS 300 Rev. 4/59
 1 0500
 2 2019
 3 1
 4 0
 5 2
 6
 7 0
 8 0
 9 4221
 10
 11
 12 86-0
 13 3-0

DATE AMENDED
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 ITEM NO. SHOULD READ
 BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

JUL 8 1962

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 Edward Fendler, Student Embalmer No. 644

working under my personal supervision.

Student Edward Fendler
Signature of Student Embalmer

Signed Arthur W. Seeligson

Licensed Embalmer No. 3872

P. O. Address Imperial 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.