

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

2706

**1. PLACE OF DEATH**

County.....  
Township.....  
City St. Louis (No. 3814, Oregon Ave.)

Registration District No. 701  
Primary Registration District No. 13

File No. ....  
Registered No. 404 St. .... Ward)

**2. FULL NAME** Maries Zeller

(a) Residence. No. 3814 Oregon Ave. St., 24 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Julius Zeller

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 2 - 1858

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day,	
				hrs.	min.
	73	9	9		

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work at home  
(b) General nature of industry, business, or establishment in which employed (or employer) housework  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Germany  
(STATE OR COUNTRY)

10. NAME OF FATHER Samuel Zeller

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Don't know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Don't know  
(STATE OR COUNTRY)

14. INFORMANT Julius L Zeller  
(Address) 3814 Oregon Ave

15. FILED 13, 1932 Max C. ... REGISTRAR

**3 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 11 1932

17. I HEREBY CERTIFY, That I attended deceased on Jan 10<sup>th</sup> 1932 to Jan 10<sup>th</sup> 1932 (that I last saw her alive on Jan 10<sup>th</sup> 1932, and (that death occurred, on the date stated above, at 12:55 A. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Cerebral Hemorrhage (duration) 10 hours  
apoplexy  
Diabetes Mellitus  
Myocarditis (duration) 5 yrs

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF Jan 11 1932

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Urinalysis - Phys Exam  
(Signed) P. M. ... M. D.

, 19 (Address) 3755 California

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL cremation Valhalla DATE OF BURIAL Jan 13 1932

20. UNDERTAKER J.H. ... 2842 ... ADDRESS

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

