

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

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14144
File No.
Registered No. 3475
..... Ward

1. PLACE OF DEATH

County Registration District No. 51002
Township Primary Registration District No.
City St. Louis, Mo. (No. 5206 S., Grand Blvd.)

2. FULL NAME Emil Zeller

(a) Residence, No. 5206 S. Grand Blvd. St. 15 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 22, 1862.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
69 9 16

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman 172
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Electrical Supplier
10. Date deceased last worked at this occupation, (month and year) 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 10

MOTHER FATHER 13. NAME Moritz Zeller

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

MOTHER 15. MAIDEN NAME Steffa Seidel

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

17. INFORMANT (ADDRESS) Emil Zeller
5206 S. Grand Blvd

18. BURIAL, CREMATION, OR REMOVAL PLACE New SS, Peter & Paul 4-11- 1932

19. UNDERTAKER (ADDRESS) Southern Undertaking Co
6370 S. Grand Blvd

20. FILED PR - 8 1932 St. Louis
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 7, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 4th to 1925, to April 7, 1932
I last saw him alive on April 2, 1932. Death is said to have occurred on the date stated above, at 6:50 p. m.
The principal cause of death and related causes of importance were as follows:

Arterio Sclerosis Date of onset Oct 4th 1925
with cardiac renal complications

Other contributory causes of importance: Myocarditis Chronic Jan 10 1932

Name of operation Date of
(What test confirmed diagnosis? Physic. Clinical Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No.
If so, specify
(Signed) Henry A. Kraul, M. D.
(Address) 29075 Cherokee St.

Handwritten notes on the left side of the page, including a vertical line and some illegible scribbles.