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.

7957

File No. 1957

Registered No.

1. PLACE OF DEATH

County

Township

City ST. Louis (No. 2612 LaFayette Ave St. Ward)

Registration District No. 791

Primary Registration District No. 10003

2. FULL NAME Julia Zeller

(a) Residence, No. 2612 LaFayette St., 23 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 1 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)~~: Married

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF: ANTON Zeller

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov-1-1880

7. AGE: YEARS 52 MONTHS 3 DAYS 23 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At Home

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): Hungary

FATHER

13. NAME: Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Hungary

MOTHER

15. MAIDEN NAME: Anna Kelser

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Hungary

17. INFORMANT (ADDRESS): Matthew Zeller 2715 Henrietta

18. BURIAL, CREMATION, OR REMOVAL

PLACE: St. Matthews DATE: Feb-27-1933

19. UNDERTAKER (ADDRESS): A. W. McLaughlin 1631 Missouri Ave

20. FILED FEB 20 1933 Max C. Starcloff Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): February-24, 1933

22. I HEREBY CERTIFY, That I attended deceased from 1-31, 1933, to 2-13, 1933

I last saw her alive on 2-13, 1933. Death is said to have occurred on the date stated above, at 6:45 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis-chronic	1930
93	
10 93	

Other contributory causes of importance:

Hypertension	1930

Name of operation — Date of —

What test confirmed diagnosis? 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) Karl J. Balazs, M. D.

(Address) 3623 Cleveland