

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

REC'D MAR 14 1938

5037
Do not use this space.

1. PLACE OF DEATH

(a) County _____ Registration District No. 791
 (b) Township _____ Primary Registration District No. 1003
 (c) City St. Louis (d) Street No. 7204 Pennsylvania St. 1722
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Arthur Zeller 460

(a) Residence, No. 7204 Pennsylvania St. 1 (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-16-1865

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>72</u>	<u>10</u>	<u>29</u>	

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Artist

9. Industry or business in which work was done, as saw mill, bank, etc. _____

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) St. Louis, Mo.

FATHER 13. NAME Francis J. Zeller

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

MOTHER 15. MAIDEN NAME Genevra Kraker

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

17. INFORMANT (ADDRESS) Mrs L E Cooley
7204 Pennsylvania

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Olive DATE 2-18-1938

19. FUNERAL DIRECTOR (ADDRESS) Southern Funeral Home
6322 S Grand

20. FILED FEB 18 1938 J. F. Bredick Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 14, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1, 1937 to Feb. 14, 1938

I last saw him alive on Feb. 11, 1938 Death is said to have occurred on the date stated above, at 11 A. m.

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

Coronary atherosclerosis, chronic vegetative, Chronic Pericarditis, Chronic Myocarditis

Date of onset	
<u>Coronary atherosclerosis, chronic vegetative</u>	<u>About Nov 1, 1937</u>
<u>Chronic Pericarditis</u>	
<u>Chronic Myocarditis</u>	

Other contributory causes of importance: Angina Pectoris, Coronary Occlusion

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? yes

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) W. M. Bigger, M. D.

(Address) 3014 S. Jefferson

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.

STATEMENT BY LICENSED EMBALMER

I, Frank Ludwig, Licensed Embalmer No. 2504
hereby certify that the body recorded on the reverse side of this certificate was embalmed by
L. E. Frank Ludwig
No. 2504 or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed Frank Ludwig
Licensed Embalmer No. 2504

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.)