

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

791
1009

23413

Do not use this space

6107

1. PLACE OF DEATH

(a) County.....
 (b) Township.....
 (c) City St. Louis (d) Street No. City Hospital No. 1 St. 1
 (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.
D. 4732

2. PRINT FULL NAME

Charles Zollmann
 (a) Residence, No. 4955 Arlington St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city) 7

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 Mary Zollmann

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 4, 1883

7. AGE YEARS 74 MONTHS 8 DAYS 3 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. nil
 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, Missouri

FATHER 13. NAME Phillip Zollmann

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

MOTHER 15. MAIDEN NAME Genevieve Herr

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

17. INFORMANT Hosp. Info M. Kent (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE 7/11/38

19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. A. Stock Und. Co
2117 E. Grand Blvd

20. FILED 8861 8 706 J. P. Bredek Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/7/38, 19.....

22. I HEREBY CERTIFY that I attended deceased from 7/5/38 19..... to 7/7/38 19.....
 I last saw him on 7/7/38 19..... Death is said to have occurred on the date stated above, at 1.50 p.
 The principal cause of death and related causes of importance were as follows:

Diabetes mellitus with acidosis and coma
anemia - probably secondary
 Date of onset 7/1
 Other contributory causes of importance:
effusion - pleural bilateral
Chondrosis - atrophic

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?.....
 Also, specify..... (Signed) E. P. Reh, M. D.
 (Address) City Hospital No. 1

JUL 8 1936

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

Registered Apprentice No....., working under my personal supervision.

Signed.....

Frank A. Moore

Licensed Embalmer No.....

3041

P. O. Address.....

1900 E. John

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 this body is not embalmed, above space should be left blank.