

REC'D AUG 12 1938

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

24093
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis

Registration District No. 791

(b) Township

Primary Registration District No. 1003

(c) City

(d) Street No. 2607 Slattery St.

(e) Length of residence in city or town where death occurred 40 yrs. mos. ds.

(If death occurred in Hospital or Institution, write its name instead of street and number)
(f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

John Zeilman

(a) Residence, No. 2607 Slattery

(Usual place of abode, if no street address, write county or city)

St. 20

2607 Slattery

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Widowed

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

7-28

1938

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OF

Christina Zeilman

22. I HEREBY CERTIFY, That I attended deceased from

Sept 12, 1937, to July 25, 1938

I last saw him alive on July 28, 1938. Death is said to have occurred on the date stated above, at 9 P.M.

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

Chronic myocarditis

Date of onset

Indefinite

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 19 1866

7. AGE

YEARS

72

MONTHS

1

DAYS

9

IF LESS than 1 day, hrs. or min.

OCCUPATION

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

Watchman

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)

Missouri

FATHER

13. NAME Elias Zeitman

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

Unknown

MOTHER

15. MAIDEN NAME Unknown

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

Unknown

17. INFORMANT (ADDRESS)

Joseph Zeitman

2607 Slattery

18. BURIAL, CREMATION, OR REMOVAL

PLACE Calvary Cemetery

DATE 8-1, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS)

Stroot and Carroll

4600 Natural Bridge Ave.

20. FILED

JUL 29 1938

J. P. Bidlack
Local Registrar

Other contributory causes of importance:

Arteriosclerosis, Aortic insufficiency - advanced stage

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

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) Dr. Edward Weisenbach, M. D.

(Address) 306 N. Grand Ave. St. Louis, Mo

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.

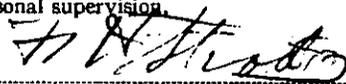
STATEMENT BY LICENSED EMBALMER

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.....



Licensed Embalmer No.

2265

P. O. Address.....

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.