

1931 OCT 12

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

30421  
Do not use this space.

791  
1008

Registered No. 7858

1. PLACE OF DEATH

(a) County St. Louis Mo Registration District No. 1  
(b) Township St. Louis Mo Primary Registration District No. 1131 Aubert  
(c) City St. Louis Mo (d) Street No. 1131 Aubert St. Mo  
(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

(a) Residence, No. 1131 Aubert St. Mo (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 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 George E. Zeis

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 19<sup>th</sup> 1885

7. AGE YEARS 52 MONTHS 9 DAYS 12 If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife  
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 Louis M. Christian

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

MOTHER 15. MAIDEN NAME Isabelle Sheridan

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo

17. INFORMANT (ADDRESS) Mr. George M. Zeis 1131 Aubert Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla Cemetery DATE Sept 3 1931

19. FUNERAL DIRECTOR (ADDRESS) Mullen Bros 259 Lindell

20. FILED SEP - 8 1931 J. D. Rudeck Local Registrar.

NO PHYSICIAN CARE ATTENDANCE

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 31<sup>st</sup> 1938

22. I HEREBY CERTIFY, That I attended deceased from ..... 19....., to ..... 19.....

I last saw him ..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 8 % m.

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

Urinary  
Cancer of Bladder (Pyonephrosis) (Date of onset)

53B

Other contributory causes of importance:

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 Alfred J. Perry M.D. (Signed)

(Address) Deputy Coroner

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.

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**STATEMENT BY LICENSED EMBALMER**

I, ....., Licensed Embalmer No. ....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by .....

..... L. E. ....

No. .... or by ..... Registered Apprentice No. ....

working under my personal supervision.

Signed *Thomas R. Furwick* .....

Licensed Embalmer No. *3793* .....

**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.)**