

REC'D OCT 12 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH **791**

30845
Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **1003**
(b) Township..... Primary Registration District No. Registered No. **8282**
(c) City **St. Louis, Mo.** (d) Street No. **5351 Delmar Blvd.** St.
(e) Length of residence in city or town where death occurred **11 1/2** yrs. **2** mos. **0** ds. (f) How long in U.S., if of foreign birth? yrs: mos. ds.

2. PRINT FULL NAME **Miss Emelia Zeiss**

(a) Residence, No. **5351 Delmar Blvd.** St. **12**
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 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) **Jan. 24, 1869**

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
78 7 26

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Retired**
9. Industry or business in which work was done, as saw mill, bank, etc. **Seamstress**
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 **Conrad Zeiss**

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

MOTHER 15. MAIDEN NAME **Sophia Koeln**

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

17. INFORMANT (ADDRESS) **Mrs. Wilmoth Waller 5351 Delmar Blvd.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **St. Marons** DATE **9-22, 1938**

19. FUNERAL DIRECTOR (ADDRESS) **Southern Ind Co. 6322 Grand Blvd.**

20. FILED **SEP 21 1938** **J. Bredbeck** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **September 19, 1938**

22. I HEREBY CERTIFY, That I attended deceased from **April 25, 36, 19** to **September 19, 38.**
I last saw her alive on **Sept. 19, 38, 19**. Death is said to have occurred on the date stated above, at **5.05 P. M.**

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

Coronary Thrombosis Date of onset **1 day**

Other contributory causes of importance: **Hypertension** **2 yrs**

Name of operation..... Date of.....
What test confirmed diagnosis? **Phy. Ex.** 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 **Below** (Signed) **Below** M. D.
(Address) **508 1/2 Grand Blvd.**

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, Wilson Collins

Licensed Embalmer No. 3887

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

L. E.

No.....or by.....
working under my personal supervision.

Registered Apprentice No.....

Signed

Wilson Collins

Licensed Embalmer No. 3887

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.)