

APR 12 1939 RECD APR 25 1939

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

12384
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 784
 (b) Township Croissant Primary Registration District No. 200
 (c) City Koch (d) Street No. Koch Hosp.
 (If death occurred in Hospital or Institution, write its name instead of street and number) St.
 (e) Length of residence in city or town where death occurred 3 yrs. 11 mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

Registered No. 663

2. PRINT FULL NAME LOUISE ZESINGER

(a) Residence, No. 1239 Juniate St. St. Louis, Mo. St.
 (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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Peter J. ZESINGER

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 4, 1881

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
57 5 7

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) July 19, 34 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania

FATHER 13. NAME Patrick Martin

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

MOTHER 15. MAIDEN NAME Mary Carrick

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

17. INFORMANT (ADDRESS) Koch Hosp. Records Koch, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Matthews DATE 4-13-39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Southern Lumber Co. 6322 S. Grand St. St. Louis, Mo.

20. FILED APR 12 1939 DR Meyer Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 11, 1939

22. I HEREBY CERTIFY, That I attended deceased from 5-1-, 1935, to 4-11, 1939
 I last saw him alive on 4-11, 1939. Death is said to have occurred on the date stated above, at 8:35 a.m.
 The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis

Date of onset Nov. 1933

50

Other contributory causes of importance:

Carcinoma of breast right Nov. 1937
Angioma of liver, kidneys Aug. 1938

Name of operation None Date of.....
 What test confirmed diagnosis? X-Ray + Culture 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) Bernard Friedman, M. D.
 (Address) Koch Hosp., Koch, Mo.

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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.

WHICH IS A PERMANENT RECORD

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.....

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

Signed.....*Frank Ludwig*.....

Licensed Embalmer No. *2504*

P. O. Address *6222 So Grand*

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.