8 1939

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEC'D MAY 11 1939

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

16120
Do not use this space.

1. PLACE OF DEATH
(a) County St. Louis — Registration District No. 784
(b) Township — Primary Registration District No. 200 — Registered No. 696
(c) City ~~ST LOUIS~~ Pine Lawn (d) Street No. Mother of good Counsel Home St.
(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 420 Emelia Julius.
(a) Residence, No. 4940 ITASKA ST. 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: ANTHONY JULIUS.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): JAN. 10 - 1878
7. AGE: YEARS 62 — MONTHS 3 — DAYS 6 — 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.: HOUSEWIFE
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: LEO ZETTWOCH.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): GERMANY

MOTHER
15. MAIDEN NAME: KATHERINE SCHAEFER
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): ST LOUIS MO.

17. INFORMANT (ADDRESS): ANTHONY JULIUS. 4940 ITASKA ST.
18. BURIAL, CREMATION, OR REMOVAL PLACE: NEW ST PETER & PAUL CEM DATE: APR. 19 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS): JOS. P. FENDLER JR. 7128 MICHIGAN AV.
20. FILED: APR 18 1939 — D. R. Meyer M.D. D.P.H. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 4/16/39, 19

22. I HEREBY CERTIFY, That I attended deceased from 3/7/39, 19 to 4/16/39, 19
I last saw her alive on 4/13/39, 19 Death is said to have occurred on the date stated above, at 3:15 P.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardial-Vascular-Renal disease.	?
Extreme obese.	

131

Other contributory causes of importance:

Mitral insufficiency, decompensated.	?
Generalized edema.	1 yr.
Cardiac congestion.	3/7/39
	3/7/39

Name of operation: None. Date of: --
What test confirmed diagnosis? History clinical and lab. 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) [signature], M. D.
(Address) 3718 Jennings Road.

(Licensed Embalmer's Statement on Reverse Side)

Died in the Home of Incurables, 6825 Natural Bridge Road,
St. Louis County, Mo.

MAY 27 1943

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.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com with the above constitutes grounds for revocation of license.)

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