

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

16660

Do not use this space.

1. PLACE OF DEATH

(a) County ST. LOUIS MO. Registration District No. 791
 (b) Township 1 Primary Registration District No. 1008
 (c) City ST. LOUIS MO. (d) Street No. 3327 RUTGER 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.

Registered No. **4194**

2. PRINT FULL NAME.

(a) Residence, No. 3327 RUTGER ST. St. 18 (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

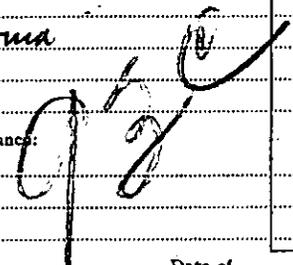
PERSONAL AND STATISTICAL PARTICULARS

3. SEX FEMALE	4. COLOR OR RACE WHITE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOW
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF John Zeuch.		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) SEPT. 29 1867		
7. AGE	YEARS 71	MONTHS 7
	DAYS 4	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.	HOUSEWORK
	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) KENTUCKY		
FATHER	13. NAME W. Johnson.	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ENGLAND	
MOTHER	15. MAIDEN NAME JESSIE UNK.	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ENGLAND	
17. INFORMANT (ADDRESS) Stella Zeuch 3327 Rutger St.		
18. BURIAL, CREMATION, OR REMOVAL PLACE Mo. Crematory DATE May 6 1939		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) E. L. Johnson 3125 Lafayette Av.		
20. FILED MAY 5 1939 J. J. Bredbeck Local Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **MAY 3 1939**

22. I HEREBY CERTIFY, That I attended deceased from **April 30th**, 19**39**, to **May 3**, 19**39**.
 I first saw her alive on **May 3 1939**. Death is said to have occurred on the date stated above, at **11:30 P.M.**
 The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis
Broncho pneumonia
 Date of onset _____

Other contributory causes of importance:


Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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 _____
 (Signed) **Lloyd L. Heid**, M. D.
 (Address) **2737 N Grand St. 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 Joe B. Bollmer
Licensed Embalmer No. 4014
P. O. Address 3125 Lafayette

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.