DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

SEP 14 1939

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27521

Registration District No. 791

Primary Registration District No.

Registrar's No. 7021

1003

1. PLACE OF DEATH:
(a) County: 4261 Lafayette
(b) City or town: St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 4261 Lafayette
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community: 69

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County:
(c) City or town: St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No.: 4261 Lafayette
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

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3. (a) PRINT FULL NAME: Rosina E. Zappe
3. (b) If veteran, name war:
3. (c) Social Security No.:
4. Sex: F
5. Color or race: W
6. (a) Single, widowed, married, divorced: married
6. (b) Name of husband or wife: Adolph
6. (c) Age of husband or wife if alive: 70 years
7. Birth date of deceased: Oct. (Month) 7 (Day) 1868 (Year)

8. AGE: Years 69 | Months 10 | Days 3 | If less than one day hr. min.

9. Birthplace: St. Louis (City, town, or county) Mo (State or foreign country)
10. Usual occupation: At Home
11. Industry or business:
MOTHER FATHER
12. Name: Conrad Zimmerman
13. Birthplace: (City, town, or county) Germany (State or foreign country)
14. Maiden name: Katherine Unknown
15. Birthplace: (City, town, or county) Germany (State or foreign country)
16. (a) Informant's own signature: Mrs. Louise J. Muse
(b) Address: 19 So. Bayle
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Aug. 14 1939 (Month) (Day) (Year)
(c) Place: burial or cremation: St Mathews
18. (a) Signature of funeral director: Alexander & Sons
(b) Address: 6175 Delmar
19. (a) AUG 12 1938 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 11 year 1934 hour 1:45 am minute M.
21. I hereby certify that I attended the deceased from June, 1934 to Date, 19; that I last saw her alive on May 28th, 19; and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic myocarditis — Duration 3 yrs.
Due to:
Due to:
Other conditions (Include pregnancy within 3 months of death): Arthritis Deformans, Paralysis Agitans
Major findings: Of operations: None
Of autopsy: None

PHYSICIAN — Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify): No
(b) Date of occurrence: None
(c) Where did injury occur? None (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? None (Specify type of place)
While at work? (e) Means of injury: None
23. Signature: Walter W. Hay M.D. (M.D. or other)
Address: 2602 South Grand Date signed: 8/4/39

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
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.

Rev. 5-17-39
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Dr. W.A.V. Hoefer
2602 S. Grand Ave

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 Elbert E. White, Registered Apprentice No. 209, working under my personal supervision.

Signed J. Wm Binkley

Licensed Embalmer No. 3653

P. O. Address St Louis, Mo
6175 Delmar

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.