

Registration District No. 791 Primary Registration District No. 1003

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

I. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
8415 Michigan ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community 3-15 months
years, months or days)

8. (a) PRINT FULL NAME Lena Zekoll
8. (b) If veteran, name war None
8. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed

6. (b) Name of husband or wife Paul Zekoll 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 19, 1877
(Month) (Day) (Year)

8. AGE: Years 62 Months 11 Days 0 If less than one day hr. _____ min. _____

9. Birthplace Germany
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

12. Name Unknown
13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Frank Zimmerman
(b) Address 8415 Michigan ave.

17. (a) Burial (b) Date thereof Feb. 22, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Peter & Paul
Hoffmeister & Co.

18. (a) Signature of funeral director Hoffmeister & Co.
(b) Address 7814 S. Broadway

19. (a) FEB 21 1940 (b) _____
(Date received local registrar) (Registrar's signature)

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. 8415 Michigan ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 35 yrs. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 19
year 1940 hour 5 minute 30 p. M.

21. I hereby certify that I attended the deceased Woman November 29th 1939 to February 18th 1940
that I last saw her alive on February 18th, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Hydropsy
Chronic Myocarditis
Due to _____

Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy _____
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) _____
(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature Dr. Robert Spidner (M. D. or other) _____
Address 2124 Russell Date signed _____

Dr. Zuckerman

2124 Pennock

4-11

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 *Linus C. Hoffmeister*

Licensed Embalmer No. *3871*

P. O. Address *2814 S. Broad*

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.