

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

12363

State File No.

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 614

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Sarandalex A and P  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Koch Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 214 days  
(Specify whether years, months or days) 35 years

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. 4001 a Kennerly  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

8. (a) PRINT FULL NAME ZULO AMSINGER

8. (b) If veteran, name war \_\_\_\_\_  
8. (c) Social Security No. 489-09-0234

4. Sex FEMALE 5. Color or race WHITE  
6. (a) Single, widowed, married, divorced MARRIED  
6. (b) Name of husband or wife FRANCIS AMSINGER (HUSBAND)  
6. (c) Age of husband or wife if alive 39 years  
7. Birth date of deceased Mar. 6, 1899  
(Month) (Day) (Year)

8. AGE: Years 41 Months 0 Days 21  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace MOUND CITY ILL.  
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSE WORK

11. Industry or business

MOTHER FATHER  
12. Name EDWARD SMITH  
13. Birthplace PADUCAH KY. 1  
(City, town, or county) (State or foreign country)  
14. Maiden name ELIZABETH FAUST  
15. Birthplace HAMBURG MO. 0  
(City, town, or county) (State or foreign country)

16. (a) Informant Koch Hosp. Records  
(b) Address Koch Hosp, Koch mo.  
17. (a) Burial (b) Date thereof Mar 30, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Koch Hosp

18. (a) Signature of funeral director [Signature]  
(b) Address 1389 [Address]

19. (a) MAR 29 1940 (b) [Signature]  
(Date received local health officer) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 27  
year 1940 hour 9:20 minute a. M.

21. I hereby certify that I attended the deceased from 8-23, 1939, to 3-27, 1940;  
that I last saw her alive on 3-27, 1940;  
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis 3 1/2 years

Due to \_\_\_\_\_  
Due to 23

Other conditions Intestinal Tuberculosis 5 mo.  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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) \_\_\_\_\_  
(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?  
707  
While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_  
23. Signature B. Friedman, M.D. (M. D. or other) 1  
Address Koch Hosp, Koch, mo. Date signed 3-27-40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

*BWF*

Licensed Embalmer No.....

*1591*

P. O. Address.....

**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.**