

STANDARD CERTIFICATE OF DEATH
1003

State File No. 5108

Registration District No. 791

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____
(c) City or town St. Louis 14
(If outside city or town limits, write "RURAL")
(d) Street No. 5336 Bannock
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years

8. (a) PRINT FULL NAME Clara M. Zelle 400

8. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

6. (b) Name of husband or wife Otto L. Zelle 6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased 12-20-1869
(Month) (Day) (Year)

8. AGE: Years 70 Months 5 Days 21 If less than one day hr. _____ min _____

9. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business at home

12. Name John Kuenzler

13. Birthplace Switzerland
(City, town, or county) (State or foreign country)

14. Maiden name Emily Moeller

15. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant O. L. Zelle

(b) Address 5336 Bannock

17. (a) Burial (b) Date thereof 6-17-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old St. Marys Cem.

18. (a) Signature of funeral director Southern Funeral

(b) Address 6322 S. Grand

19. (a) JUN 11 1946 (Date received local registrar)
J. J. Schubert (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 10th year 1946 hour _____ minute 6:00 (am)

21. I hereby certify that I attended the deceased from June 28 1946, to June 10 1946

that I last saw him alive on June 9 1946 and that death occurred on the date and hour stated above.

Immediate cause of death: Thrombosis of Coronary arteries
Myocardium

Due to Arteriosclerosis

Due to Cystitis, cataracts

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____ Of autopsy _____

Duration
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? _____ (Specify type of place)

(e) Means of injury _____

23. Signature J. J. Schubert (M. D. or other) _____

Address 203 Bannock City Date signed 6/11/46

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

Dr. Kumpelman
Bernward Jones Body
8:30 - 9³⁰

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 Virgil L. Berryman
Licensed Embalmer No. 4018
P. O. Address St. Louis Mo

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.