

Registration District No. **791**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County Saint Louis, Missouri.
(b) City or town Saint Louis, Missouri.
(c) Name of hospital or institution: 3921 Winnebago Street.
(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

8. (a) PRINT FULL NAME Louise M. Zepp.
3. (b) If veteran, name war _____ 3. (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 Charles Zepp. 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased September 17th. 1860.
(Month) (Day) (Year)

8. AGE: Years 80. Months 1 Days 14 If less than one day _____ hr. _____ min.

9. Birthplace Saint Louis, Missouri.
(City, town, or county) (State or foreign country)

10. Usual occupation House-Work

11. Industry or business _____

MOTHER { 12. Name Marton Kipp
13. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Louise Zepp
(b) Address 3921 Winnebago Street.

17. (a) Burial (b) Date thereof Nov. 4th, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Matthews Cemetery

18. (a) Signature of funeral director Ziegenhain Bros.
(b) Address 2923 Cherokee Street.

19. (a) NOV 4 1940 (b) J. B. Bredel
(Registered Embalmer's Signature) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County _____
(c) City or town Saint Louis. (If outside city or town limits, write "RURAL")
(d) Street No. 3921 Winnebago Street. (If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 31st.
year 1940. hour 11 minute 30 P. M.

21. I hereby certify that I attended the deceased from Sept. 23, 1937 to Oct 31, 1940
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Haemorrhage Duration 9 hrs
Due to Arterio Sclerosis
Due to Arterio Sclerosis - 10 yrs.

Other conditions (Include pregnancy within 3 months of death) Domany thrombosis

Major findings: Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external cause, 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 William B. Bredel (M.D. or other) _____
Address 36019 S Jefferson Date signed 11/10

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.

FORM 1 X1931

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 W E Morris

Licensed Embalmer No. 3360

P. O. Address 2623 Cherokee

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.