

No. 2
-13-40
-17-39
X23159

Registration District No. **791**

Primary Registration District No. **1003**

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

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:
5618 West Park 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 _____
years, months or days

FILED DEC 11 1940

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County _____
(c) City or town **St. Louis, Mo.**
(If outside city or town limits, write "RURAL")
(d) Street No. **5618 West Park Ave.**
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov.** day **5th**
year **1940** hour **7** minute **30** M.

21. I hereby certify that I attended the deceased from **Oct. 18, 1940**
in **Nov. 5, 1940**
that I last saw him alive on **Nov. 5, 1940**
and that death occurred on the date and hour stated above.

Immediate cause of death: **Brain Haemorrhage**

Due to _____

Due to _____

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

Major findings:
Of operations _____

Of autopsy _____

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) _____
While at work? (e) Means of injury _____

23. Signature **Dr. J. B. Bredbeck** (M. D. or other)
Address **3214 So Grand** Date signed **11-7-40**

3. (a) PRINT FULLNAME **Joachin (John) Zweifel**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Lena Zweifel** 6. (c) Age of husband or wife if alive **74** years

7. Birth date of deceased **July 13th 1864**
(Month) (Day) (Year)

8. AGE: Years **76** Months **3** Days **23** If less than one day
hr. min.

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

10. Usual occupation **Worker at brickyard**

11. Industry or business **retired 15 Yrs.**

12. Name **Unknown Zweifel**

13. Birthplace **Unknown**
(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 **Lena Zweifel**

(b) Address **5618 West Park Ave.**

17. (a) **Burial** (b) Date thereof **11-7-40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Peter & Paul**

18. (a) Signature of funeral director **Kriegshauser Mortuaries**

(b) Address **4228 So. Kingshighway Blvd.**

19. (a) **NOV 6 1940** (b) **J. B. Bredbeck**
(Date received local registrar) (Registrar's signature)

Duration

19 da

PHYSICIAN

Underline the cause to which death should be charged statistically.

3214 lbs. *Ann Jones*
1 - 2³⁰
9-8 AM - 1-2³⁰ + 6-8 PM

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.....

Edmund M. Bennett
Licensed Embalmer No. 3024

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, fact should be so stated above.