

FILED JAN 25 1941  
1943

Registration District No. 173

Primary Registration District No. 6018A

Registrar's No. 211

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

1. PLACE OF DEATH: St. Louis, Mo.  
 (a) County St. Louis  
 (b) City or town Farmington, Mo.  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: State Hospital #1  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 1 Month  
 (Specify whether years, months or days) 3

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. 4853a Penrose St.  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A.? 29 Years years.

3. (a) PRINT FULL NAME Katherine Zoeller

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

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

6. (b) Name of husband or wife Fred Zoeller 6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased November 25, 1889  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
51 1 6 hr. min.

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

10. Usual occupation At home

11. Industry or business \_\_\_\_\_

12. Name Jacob Blashenka

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

14. Maiden name Unknown

15. Birthplace Bohemia  
 (City, town, or county) (State or foreign country)

16. (a) Informant Fred Zoeller  
 (b) Address 4853a Penrose St.

17. (a) Burial (b) Date thereof 1/4/41  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Math Hermann & Son

(b) Address 2161 East Fair Ave St. Louis Mo

19. (a) Jan 1-1941 (b) B. S. Robinson  
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month December day 31,  
 year 1940 hour 10:00 minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from December 31, 1940, to December 31, 1940;  
 that I last saw her alive on December 31, 1940;  
 and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia Duration 30 days

Due to General Paralysis of the Insane 3 years

Due to \_\_\_\_\_  
 Other conditions (Include pregnancy within 3 months of death) 83

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? 609

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

23. Signature C. C. Ault (M. D. or other) MD  
 Address Farmington, Mo Date signed 1/2/41

---

---

**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 *William G. Buchholz*

Licensed Embalmer No. *2111*

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, fact should be so stated above.**