S. No. 2
-11-10-39
5-17-39
P I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 421

FEB 25 1941

Registration District No. 791 — Primary Registration District No. 1003 — Registrar's No. 421

1. PLACE OF DEATH:

(a) County St Louis Mo
(b) City or town (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Enroute to City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 (Specify whether
In this community 38 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis, Mo. 1017
(If outside city or town limits, write "RURAL")
(d) Street No. 4221 No. Newstead 9
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME LEONARD ZANITSCH

3. (b) If veteran, name war NIL

3. (c) Social Security No. 498-05-8206

4. Sex male 0

5. Color or race White

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Katherine

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased April (Month) 9 (Day) 1886 (Year)

8. AGE: Years 54 Months 9 Days 4 If less than one day hr. min.

9. Birthplace Weiss Kirchen (City, town, or county) Austria (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business Building Industry

FATHER
12. Name Leonard
13. Birthplace (City, town, or county) Austria (State or foreign country)

MOTHER
14. Maiden name Mary Meyer
15. Birthplace (City, town, or county) Austria (State or foreign country)

16. (a) Informant Mrs Katherine Zanitsch
(b) Address 4221 N Newstead

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1 (Month) 15 (Day) 41 (Year)
(c) Place: burial or cremation Calvary Cem.

18. (a) Signature of funeral director Mullen Bros
(b) Address 4259 Lindell Blvd 844

19. (a) JAN 15 1941 (Date received local registrar) (b) J. F. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 13th year 1941 hour 1:30 minute P. M.

21. I hereby certify that I attended the deceased from ....., 19.... to ....., 19....; that I last saw h..... alive on ....., 19....; and that death occurred on the date and hour stated above.

Immediate cause of death Strangulation due to Hanging; when deceased was found hanging from a rafter with a piece of
Due to electric light cord around his neck in the shed in the rear of his
Due to home 4221 No. Nestead Ave., on Jan. 13th, 1941, at about 1:30 P.M.,
Other conditions while suffering from temporary
(Include pregnancy within 3 months of death)
mental aberration.

Duration

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) Suicide
(b) Date of occurrence Jan. 13, 1941
(c) Where did injury occur? St. Louis, Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? About home (Specify type of place)
While at work? (e) Means of injury 3

23. Signature Thomas F. Callaman (M. D. or other)
Address Deputy Coroner Date signed 1/15/41

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No. 3114

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.