

Registration District No. **791** Primary Registration District No. **1003** Registrar's No. **5282**

00  
17  
9  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St. Louis, Missouri  
(b) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: City Hospital 0  
(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

3. (a) PRINT FULL NAME Peter J. Zesinger

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

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

6. (b) Name of husband or wife Louise Zesinger 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased February 16, 1881  
(Month) (Day) (Year)

8. AGE: Years 60 Months 4 Days 9 If less than one day hr. \_\_\_\_\_ min.

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

10. Usual occupation Carpenter

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

MOTHER { 12. Name Fred Zesinger  
13. Birthplace Unknown (City, town, or county) (State or foreign country)  
14. Maiden name Anna Unknown  
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Jean Snodell  
(b) Address 4339 Juniata St  
17. (a) Burial (b) Date thereof 6-27-41  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation: St. Matthews

18. (a) Signature of funeral director Southern Funeral Home  
(b) Address 6322 S. Grand Blvd

19. (a) JUN 27 1941 (b) J. F. Dredick  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 167  
(d) Street No. 4339 Juniata St. (Specify whether \_\_\_\_\_)  
(e) Not attending Physician years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 25th  
year 1941 hour 6 minute 30 P.M.

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

Immediate cause of death Arterio Sclerosis  
Heart Infarct  
Arterio Sclerosis  
Other conditions (include pregnancy within 3 months of death) 92a

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury 3  
23. Signature Thomas J. Callahan (M. D. or other)  
Address Deputy Coroner Date signed 6/27/41

AUG 3 1941

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.....

*Raymond W. Hermann*, Registered Apprentice No. *275*  
working under my personal supervision.

Signed *Frank Ludwig*  
Licensed Embalmer No. *2504*  
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.