

No. 2
11-10-39
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **26938**

FILLED SEP 17 1941

791

Primary Registration District No. **1003**

Registrar's No. **6730**

Registration District No. **791**

FILLED SEP 17 1941
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:
1306 Pestalozzi 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 _____ (Specify whether)
years, months or days

8. (a) PRINT FULL NAME **Frank X. Zanger**
3. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **Barbara Zanger** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **July 19, 1866**
(Month) (Day) (Year)

8. AGE: Years **75** Months **0** Days **27** If less than one day _____ hr. _____ min.

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

10. Usual occupation **Retired Beer Bottler**

11. Industry or business **Anheuser-Busch Brewing Co.**

MOTHER FATHER
12. Name **Unknown**
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 **Marie Ries**
(b) Address **1306 Pestalozzi Street**

17. (a) **Burial** (b) Date thereof **Aug. 19, 1941**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Old S. S. Peter & Paul C. M.**

18. (a) Signature of funeral director **Wm. J. Roberts**
(b) Address **1905 Sp. Grand Blvd.**
19. (a) **AUG 18 1941** (b) **J. T. Budack**
(Date received local registrar) (Registrar's signature)

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. **1806 Pestalozzi Street**
(If rural, give location)
(e) If foreign born, how long in U. S. A.? **0** years

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **August** day **16**
year **1941** hour **6** minute **30** A. M.
21. I hereby certify that I attended the deceased from **Aug 25, 1936**
_____, 19____, to **Aug 16, 1941**
that I last saw him alive on **Aug 16, 1941**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral hemorrhage** Duration **2 mos.**
Due to **arteriosclerosis** **10 yrs.**
Due to _____
Other conditions **Chronic myocardial degeneration** **5 yrs.**
(Include pregnancy within 3 months of death)
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?
While at work? _____ (Specify type of place) Means of injury _____
23. Signature **Nathl. Pindau** (M. D. or other) **Physician**
Address **3902 Glen St** Date signed **8/19/41**

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

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.....

John Ketter

Licensed Embalmer No. 3880

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.