

No. 2
-1-4-41
5-17-39
X26396

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

5173

State File No. _____

FILED MAR 17 1942

Primary Registration District No. 1003

Registrar's No. 1336

1. PLACE OF DEATH:
(a) County _____
(b) City or town St Louis
(c) Name of hospital or institution:
4115 North 22nd
(d) Length of stay: In hospital or institution _____
In this community _____

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 20000
(c) City or town St Louis
(d) Street No. 4115 North 22nd St
(e) Citizen of foreign country? _____

3. (a) PRINT FULL NAME Emma Martha Zellinger
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month February day 10
year 1942 hour 1:30 minute A M.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Frank Zellinger
6. (c) Age of husband or wife if alive 64 years
7. Birth date of deceased August 24 1874

21. I hereby certify that I attended the deceased from May 17 1941 to Feb. 10 1942
that I last saw her alive on Feb. 10 1942
and that death occurred on the date and hour stated above.

8. AGE: Years 67 Months 5 Days 16
If less than one day _____ hr. _____ min.

Immediate cause of death Coronary occlusion
Due to Hypertensive Cardiovascular disease
Duration Recent years.

9. Birthplace Pennsylvania
10. Usual occupation At Home

Other conditions _____
Major findings: Of operations _____
Of autopsy _____

MOTHER FATHER
11. Industry or business _____
12. Name Frederick Kiehn
13. Birthplace Germany
14. Maiden name Amelia Unknown
15. Birthplace Germany

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

16. (a) Informant Frank Zellinger
(b) Address 4115 North 22nd St
17. (a) Burial (b) Date thereof Feb 13 1942
(c) Place: burial or cremation New Bethlehem Cemetery

23. Signature Morally & Seikel (M. D. or other) _____
Address 3720 Washington Date signed 2/11/42

18. (a) Signature of funeral director Reiderwien Funeral Home Inc
(b) Address 1936 St Louis Ave
19. (a) FFD (b) J. F. Meadek

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

Dr. Marshall Seibel
Beaumont Bldg.

10 - 12 - 31

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.....

Felix J. Krupin

Licensed Embalmer No. *3497*

P. O. Address *1936 St Louis*

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.