

1504
S. No. 2
M-9-4-41
v. 5-17-39
P-1 X2-484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 29 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

5177
State File No. 2022
Registrar's No.

Registration District No. Primary Registration District No.

1. PLACE OF DEATH:
 (a) County.....
 (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:
St. Louis City Hospital #1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 4 Days
 (Specify whether
 In this community
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County.....
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 4386 Laclede Ave
 (If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME Alice Zwingg

3. (b) If veteran, name war..... 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 Frank Zwingg 6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased Jan 24, 1887
 (Month) (Day) (Year)

8. AGE: Years 55 Months 1 Days 7 If less than one day
 hr. min.

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

10. Usual occupation at home

11. Industry or business.....

12. Name Leander Auacheim

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

14. Maiden name Unknown

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

16. (a) Informant Frank Zwingg
 (b) Address 4386 Laclede Ave

17. (a) Burial (b) Date thereof 3/5/42
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New SS Peter & Paul

18. (a) Signature of funeral director Mayer
 (b) Address 4356 Lindell Blvd

19. (a) MAR 4 - 1942 (b) J. F. Medeck
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 3,
 year 1942 hour 7:20 minute A. M.

21. I hereby certify that I attended the deceased from February
28, 1942, to March 3, 1942
 that I last saw her alive on March 3, 1942
 and that death occurred on the date and hour stated above.

Immediate cause of death: arteriosclerotic heart disease

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations.....

Of autopsy Refused

Duration
 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?
 (Specify type of place) While at work? (Specify type of place) Means of injury.....

23. Signature Drewson Peterson (M. D. or other) 3/3/42
 Address 1515 Lafayette Avenue Date signed

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 *Albert G. Happe*

Licensed Embalmer No. *2991*

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, fact should be so stated above.