

FILED OCT 28 1942

Registration District No. ....

Primary Registration District No. ....

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**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution..... **Lutheran 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

2. USUAL RESIDENCE OF DECEASED: **000**

(a) State **Missouri** (b) County..... **St. Louis**

(c) City or town..... **St. Louis**  
(If outside city or town limits, write "RURAL")

(d) Street No..... **7226 Virginia Ave.,**  
(If rural, give location)

(e) Citizen of foreign country?.....  
(Yes or No)  
 If yes, name country..... **0**

3. (a) PRINT FULL NAME **Angie Jean Quirin Zulauf**

3. (b) If veteran, name war..... **None**

3. (c) Social Security No..... **None**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **18th**  
 year **1942** hour **4:00** minute **00** M.

4. Sex **Female** / 5. Color or race **White**

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

6. (b) Name of husband or wife.....

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

7. Birth date of deceased **March 21, 1871**  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Oct 18, 1942 to Oct 17, 1942**  
 that I last saw him alive on **October 17, 1942**  
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<b>71</b>	<b>6</b>	<b>27</b>	..... hr. .... min.

Immediate cause of death  
**General peritonitis plus 2 weeks to rupture of abdominal ulcer**

Due to.....

Due to.....

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

Other conditions.....  
(Include pregnancy within 3 months of death)

10. Usual occupation..... **None**

Major findings: **Ruptured diverticulum plus peritonitis**

Of operations.....

Of autopsy.....

PHYSICIAN  
 Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business.....

12. Name..... **John Quirin**

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

14. Maiden name..... **Josephine Market**

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

16. (a) Informant..... **John Quirin**

(b) Address..... **7226 Virginia Ave.,**

17. (a) **Cremation** (b) Date thereof **10-20-42**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: **Valhalla Crematory**

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) (e) Means of injury

18. (a) Signature of funeral director..... **Southern Funeral Home**

(b) Address..... **6322 S. Grand Blvd.**

19. (a) **OCT 19 1942** (b) **J. F. Brudeck**  
(Date received local registrar) (Registrar's signature)

23. Signature..... **J. F. Brudeck** (M. D. or other).....

Address..... **7226 Virginia Ave.** Date signed **10/19/42**

427  
33

DR. R.C. DRIPPS  
7702 IVORY  
10 AM. to 1 P.M.

PL. 0678

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 *Virgil L. Berryman*

Licensed Embalmer No. *4018*

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, fact should be so stated above.