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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 38185

FILED DEC 10 1942

Registration District No. 184

Primary Registration District No. 200

Registrar's No. 2369

1. PLACE OF DEATH

(a) County St. Louis County

(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Veterans Administration Facility 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Adm. 11/10/42. (Specify whether
In this community unknown
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000 17

(c) City or town St. Louis 9
(If outside city or town limits, write "RURAL")

(d) Street No. 497C Davison Street
(If rural, give location)

(e) Citizen of foreign country? - (Yes or No)

If yes, name country -

3. (a) PRINT FULL NAME Fred Joseph Zumsteg

3. (b) If veteran, name war World War-1918

3. (c) Social Security No. None.

4. Sex Male

5. Color or race White 0

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Minnie

6. (c) Age of ~~husband or~~ wife if alive 54 years

7. Birth date of deceased January (Month) 24, (Day) 1892 (Year)

8. AGE:

Years	Months	Days	If less than one day
50	9	16	hr. min.

9. Birthplace St. Louis, (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Fireman

11. Industry or business -

FATHER
12. Name John Zumsteg
13. Birthplace (City, town, or county) Missouri 0 (State or foreign country)

MOTHER
14. Maiden name Ella Gilring
15. Birthplace (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant M. Schillig

(b) Address Clinical Clerk, VAF, Jeff. Bks., Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 14-42 (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Beidermeier Funeral Home

(b) Address 1936 St Louis Av

19. (a) NOV 12 1942 (Date received local registrar) (b) E. G. McGarvey (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 10th, year 1942 hour 8:00 minute P. M.

21. I hereby certify that I attended the deceased from November 10, 1942, to November 10, 1942; that I last saw him alive on November 10, 1942; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death HEART DISEASE, DUE TO CHRONIC PULMONARY DISEASE WITH MYOCARDIAL DAMAGE AND INSUFFICIENCY.	Unknown
Due to -	
Due to -	
Other conditions None. (Include pregnancy within 3 months of death)	

95c

Major findings:
Of operations No operation.
Of autopsy No 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? (Specify type of place)

While at work? (e) Means of injury

23. Signature L. M. COCHRAN, M.D., (M.D. ~~or other~~)

Address CHIEF MEDICAL OFFICER Date signed 11/11/42

(Licensed Embalmer's Statement on Reverse Side)

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. Kuspin

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.