

FILED DEC 21 1948 18

1003

10472

Registration District No. Primary Registration District No.

Registrar's No.

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:
2017 So. Grand Blvd. /
(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:

(a) State Missouri (b) County 000
 (c) City or town St. Louis 12 7
(If outside city or town limits, write "RURAL")
 (d) Street No. 2017 So. Grand Blvd.
(If rural, give location)
 (e) Citizen of foreign country? 0 (Yes or No)
 If yes, name country

3. (a) PRINT FULL NAME Lena Zepp

3. (b) If veteran, name war 3. (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 John G. Zepp 6. (c) Age of husband or wife if alive years

7. Birth date of deceased April 14, 1866
(Month) (Day) (Year)

8. AGE: Years 76 Months 8 Days 0 If less than one day hr. min.

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

10. Usual occupation Insurance Broker

11. Industry or business

12. Name Daniel Rueckert

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

14. Maiden name Elise Friederichs

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

16. (a) Informant Ida Rueckert
 (b) Address 2017 So. Grand Blvd.

17. (a) Cremation (b) Date thereof Dec. 16/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director Weick Bros.
 (b) Address 2201 So. Grand Blvd.

19. (a) Jan 15 1949 (b) J. F. Budek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 14
 year 1942 hour 8 minute 45 A.M.

21. I hereby certify that I attended the deceased from Feb. 4 to June 8, 1942
 that I last saw him alive on Nov. 8, 1942
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Sclerosis

Chronic Myocarditis

Other conditions None
(Include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy None

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) None
 (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? No (Specify type of place) (e) Means of injury

23. Signature Joseph S. Vitt (M. D. or other) 12/14/42
 Address 3805 S. Broadway Date signed

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

MOTHER FATHER

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 Wm A Stewart

Licensed Embalmer No. 3522

P. O. Address 412 Duchesneville

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.