

FILED AUG 10 1943

Registration District No. 310

Primary Registration District No. 3058

Registrar's No. 129

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

1. PLACE OF DEATH:

(a) County St. Charles

(b) City or town St. Charles
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Joseph's Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 yrs
(Specify whether In this community 3 yrs years, months or days)

3. (a) PRINT FULL NAME Mary Zuhone

3. (b) If veteran, name war //////

3. (c) Social Security No. //////

4. Sex F

5. Color or race W

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

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

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

7. Birth date of deceased April 27 1866
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

78 2 20 hr. min.

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

10. Usual occupation Nil

11. Industry or business

12. Name Simon

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

14. Maiden name Do Not Know

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

16. (a) Informant Pete Weber

(b) Address Bridgeton Mo

17. (a) Burial (b) Date thereof 7/20/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Marys Cemetery

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

(b) Address 9222 Lackland Overland Mo

19. (a) July 20, 1943 (b) Ernst L. Paule
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis

(c) City or town Bridgeton
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 17th
year 1943 hour 11:30 minute 45 P. M.

21. I hereby certify that I attended the deceased from June 17th 1943 to July 17th 1943, that I last saw him alive on July 16, 43 1943, and that death occurred on the date and hour stated above.

Immediate cause of death Atherosclerosis

Duration 5 yrs

Due to Senility

Due to

Other conditions Senile Dementia 5 yrs
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:
Of operations 97

Of autopsy

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?

While at work? (Specify type of place)

(e) Means of injury

23. Signature H. G. Goleman (M. D. or other)
Pattonville Mo
Address Date signed July 17, 43

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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.....

Al C Ostmann

.....
Licensed Embalmer No. *3478*

.....
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.