

FILED SEP 3 1943 318

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County.....
(b) City or town S. t. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
5622 Delmar Boulevard
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... (Specify whether
In this community..... Life (Yes or No)
years, months or days)

3. (a) PRINT FULL NAME IDA ELIZABETH ZELL

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 Louis H. Zell 6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased 5 5 1863
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
23 80 3 22 hr. min.

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

10. Usual occupation Housewife

11. Industry or business.....

12. Name Henry D. Franck

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

14. Maiden name Johanna Vagt

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

16. (a) Informant Mr. Louis Zell

(b) Address 5622 Delmar Blvd.

17. (a) Burial (b) Date thereof 8-30-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Alexander F. Sons

(b) Address 6175 Delmar Blvd.

19. (a) AUG 29 1943 (b) J. F. Brudick
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....
(c) City or town S. t. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5622 Delmar Blvd.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country..... no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug 28
year 1943 hour 11 minute 30

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....;
that I last saw him..... alive on....., 19.....;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion
Arterio Sclerosis
Due to.....
Due to.....
Other conditions (Include pregnancy within 3 months of death).....

Major findings:
Of operations.....
Of autopsy.....

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 Dr. Alfred J. Berg (M.D. or other).....
Address Deputy Coroner Date signed 8-28-43

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 *Thomas R. Demwick*

Licensed Embalmer No. *3793*

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.