

S. No. 2
DM-5443
v. 5-17-39
I X 257

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39260

FILED DEC 4 1943
Registration District No. 317

Primary Registration District No. 6076

Registrar's No. 2632

96
0
0
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Pine Lawn
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
LADY of GOOD CONSUL Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 MONTHS
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Pauline Zurmuehlen

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 FRANK ZURMUEHLEN 6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased APRIL 22 1888
(Month) (Day) (Year)

8. AGE: Years 55 Months 7 Days 3 If less than one day hr. _____ min. _____

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

10. Usual occupation House wife

11. Industry or business Home

12. Name JACOB STENZEL

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

14. Maiden name UNKNOWN

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

16. (a) Informant FRANK ZURMUEHLEN

(b) Address 2633 MINNESOTA

17. (a) BURIAL (b) Date thereof Nov. 29 '43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY (P.M. St. Louis

18. (a) Signature of funeral director Mark Dickman

(b) Address 4355 Washington Ave.

19. (a) NOV 24 1943 (b) E. G. Mc Gaven, M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis 317
(c) City or town St. Louis 9
(If outside city or town limits, write "RURAL")
(d) Street No. 2633 Minnesota
(If rural, give location)
(e) Citizen of foreign country? St. Louis No. (Yes or No)
If yes, name country Stated above.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day Wed 24
year 1943 hour 5 minute 30 P.M.
21. I hereby certify that I attended the deceased from Aug-22nd to Nov-22nd 1943

that I last saw her alive on 11/22/43 and that death occurred on the date and hour stated above.

Immediate cause of death Hemorrhage - cerebral - base of brain. Hemiplegia - left side.

Due to Three strokes in Home of the incurables.

Due to Died in Home Of the Incurables.

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

Major findings: Of operations No.

Of autopsy No. 8301

22. If death was due to external causes, fill in the following: Illness

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence As stated

(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. E. G. Mc Gaven (M, D. or other) O
Address 3718 Jennings Road - St. L. Co - Mo. Date signed _____

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

709

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

Frank Prokoff

Licensed Embalmer No.

4356

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.