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DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

FILED NOV 22 1944
 318

THE STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH
 1003

36582
 State File No. _____
 Registrar's No. 9560

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:
 (a) County _____
 (b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: St. Louis City Hospital
Max C. Starkloff Memorial
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 13 days
(Specify whether _____)
 In this community about 30 years
years, months or days

3. (a) PRINT FULL NAME Louise Zapp
 3. (b) If veteran, name war none
 3. (c) Social Security No. none

4. Sex female 5. Color or race White
 6. (a) Single, widowed, married, divorced single
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased August 13 1874
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
70 2 27 _____ hr. _____ min.

9. Birthplace Mascoutah Ill
(City, town, or county) (State or foreign country)

10. Usual occupation none

11. Industry or business _____

MOTHER FATHER
 12. Name Jacob Zapp
 13. Birthplace Illinois
(City, town, or county) (State or foreign country)
 14. Maiden name Katherine Gaerther
 15. Birthplace Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Lela Weber
 (b) Address 1437 Sullivan

17. (a) Burial Burial (b) Date thereof Nov. 11th 44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Frieden's Cemetery
 18. (a) Signature of funeral director Henry Leidner Und. Co
2223 St. Louis Ave.
 (b) Address NOV 11 1944
J. A. Brudeck

19. (a) NOV 11 1944 (b) J. A. Brudeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Mo
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 1822a Benton Str
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month November day 28
~~October~~ year 1944 hour 11:15 minute 28 P. M.
 21. I hereby certify that I attended the deceased from October 28, 1944 to November 9, 1944
 that I last saw her alive on November 9, 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death Hemorrhage from RT. Lenticulo Striate Artery
 Duration _____
 Due to Arteriosclerosis

Due to _____
 Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
 Of operations _____
 Of 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 K. R. Schlademan (M. D. or other) _____
 Address 1515 Lafayette Date signed _____

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

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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.....

John F. Buchholz
.....
Licensed Embalmer No..... *1674*
P. O. Address..... *2323 St. Louis Ave.*

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.