S. No. 2
M—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 11022

FILED MAY 12 1945

Registration District No. 318

Primary Registration District No. 1005

Registrar's No. 3672

1. PLACE OF DEATH:

(a) County St Louis Mo

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

(c) Name of hospital or institution: Park Lane Hospital (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: 000 17

(a) State Mo (b) County

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

(d) Street No. 1421a Cutter Ave (If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Iona Marie Zundel

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F 1

5. Color or race W

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 June (Month) 19 (Day) 1928 (Year)

8. AGE: Years 16 Months 9 Days 4 If less than one day hr. min.

9. Birthplace St Louis (City, town, or county) Mo (State or foreign country) 0

10. Usual occupation telephone operator

11. Industry or business

FATHER
12. Name Claude Zundel
13. Birthplace Oran Mo (City, town, or county) (State or foreign country) 0

MOTHER
14. Maiden name Marie Hagan
15. Birthplace Byrnesville (City, town, or county) Mo (State or foreign country) 0

16. (a) Informant Claude Zundel

(b) Address 1421a Cutter Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 26 45 (Month) (Day) (Year)

(c) Place: burial or cremation Lake Park Cem

18. (a) Signature of funeral director M J Croghan

(b) Address 714 6 Manchester

19. (a) APR 25 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month apr day 23 year 1945 hour 6 minute 10 E M.

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

Immediate cause of death General Peritonitis and Septicemia following Curettage of Wound of Uterus as a result of Criminal Abortion was performed by one Margaret Billings at 2624 Union

Due to April 3 1945 Could not be definitely determined

Duration

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

141

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) Homicide

(b) Date of occurrence April 3 1945

(c) Where did injury occur? St Louis Mo (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Not determined (Specify type of place)

While at work? (e) Means of injury as above

23. Signature Patrick E Taylor Dep Cor (M. D. or other)

Address 1300 Clark Date signed 4-25-45

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

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.