

S. No. 2  
OM-5-43  
v. 5-17-39  
I X36671

**FILED** MAR 20 1946

**STANDARD CERTIFICATE OF DEATH**

State File No. \_\_\_\_\_

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **2326**

**1. PLACE OF DEATH:**

(a) County \_\_\_\_\_  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
5230 Walsh /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 53 years (Specify whether  
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5230 Walsh  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME EMMA C. ZELLER

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female / 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Otto C. Zeller 6. (c) Age of husband or wife if alive Dec. years

7. Birth date of deceased September 15, 1876  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
69 5 3 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace New Florence - Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Christian Grabenstein

13. Birthplace \_\_\_\_\_ Germany 4  
(City, town, or county) (State or foreign country)

14. Maiden name Catherine Gross

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

16. (a) Informant Mr. Alfred S. Zeller

(b) Address 5301 Donovan

17. (a) Burial (b) Date thereof 3-11-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Beiderwieden E.H., Inc.

(b) Address 1936 St. Louis Ave.

19. (a) MAR 10 1946 (b) J. F. Bussok  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month March day 8  
year 1946 hour 10 minute 20 A. M.  
8/18/45

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to 3/8/46, 19\_\_\_\_;  
that I last saw h<sup>e</sup>r alive on 3/8/46, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy Duration 2 days

Due to Arterio-sclerosis 2 yrs

Due to Hypertension 2 yrs

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? \_\_\_\_\_

23. Signature Wm Simpson (M. D. or other) M.D.  
Address 3739 Gravois (16) Date signed 3/8/46

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

10760

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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..... *Delis J. Krubin*.....  
Licensed Embalmer No..... *3497*.....  
P. O. Address..... *1936 St. Louis*.....

**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.**