

U.S. No. 2
FORM-5443
Rev. 5-17-39
I X36871

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15363

FILED MAY 2 1946

State File No.

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **3628**

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
2628 Virginia Avenue
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 42 years (Specify whether years, months or days)

In this community 42 years

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 000

(c) City or town St. Louis (If outside city or town limits, write "RURAL") 1717

(d) Street No. 2628 Virginia Ave (If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Joseph F. Zumdick

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex md 5. Color or race w 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Julia 6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased November 1 1875
(Month) (Day) (Year)

8. AGE: Years 70 Months 5 Days 16 If less than one day hr. min.

9. Birthplace Germany 4
(City, town, or county) (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business Retired

12. Name Joseph Zumbick

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

14. Maiden name Unknown

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

16. (a) Informant Frieda Zumbick 1

(b) Address 2628 Virginia Ave

17. (a) Burial (b) Date thereof 4-20-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus

18. (a) Signature of funeral director A. W. McLaughlin

(b) Address 2301 Lafayette Avenue

19. (a) APR 20 1946 J. F. Braedel
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 17
year 1946 hour 5 am M.

21. I hereby certify that I attended the deceased from 4-12-46 to 4-17-46
that I last saw him alive on 4-17-46
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis, Chronic Duration _____

Due to Coronary occlusion

Due to Arteriosclerosis

Other conditions (Include pregnancy within 3 months of death) 920

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 Wind

23. Signature W. F. Neum (M. D. or other) 714846

Address 3115 A Grand Date signed 4/18/46

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

MOTHER FATHER

PHYSICIAN

Underline the cause to which death should be charged statistically.

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..... *R. W. Cooper*

Licensed Embalmer No. *3830*

P. O. Address. *2301 Lafayette 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.