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7. 5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **19086**  
Registrar's No. **4859**

FILED JUN 6 1946  
Registration District No. **318**

Primary Registration District No. **1003**

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:  
**5485 Arlington avenue**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (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. **5485 Arlington avenue**  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Emma Zelsmann**  
3. (b) If veteran, name war **no** 3. (c) Social Security No. **none**  
4. Sex **female** 5. Color or race **white**  
6. (a) Single, widowed, married, divorced **widow**  
6. (b) Name of husband or wife **Henry Zelsmann**  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **November 5 1857**  
(Month) (Day) (Year)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **May** day **28** year **1946** hour **11** minute **50** P. M.  
21. I hereby certify that I attended the deceased from **March 15**, 19**46** to **May 28**, 19**46**  
that I last saw her alive on **May 28**, 19**46** and that death occurred on the date and hour stated above.

8. AGE: Years **88** Months **6** Days **3** If less than one day **hr. min.**  
9. Birthplace **St. Louis Missouri**  
(City, town, or county) (State or foreign country)  
10. Usual occupation **at home**  
11. Industry or business **at home**  
12. Name **Jacob Knecht**  
13. Birthplace **Germany**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Fannie Lewis**  
15. Birthplace **Kentucky**  
(City, town, or county) (State or foreign country)  
16. (a) Informant **Mrs. Alma Schaefering**  
(b) Address **5485 Arlington avenue**  
17. (a) **burial** (b) Date thereof **May 31- 1946**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **New Bethlehem Cemetery**  
18. (a) Signature of funeral director **H. Krow La. Co.**  
(b) Address **2707 N. Grand Blv'd**  
19. (a) **MAY 31 1946** (b) **J. F. Bredeck**  
(Date received local registrar) (Registrar's signature)

Immediate cause of death **Chronic Myocarditis with Corndide Asthma**  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
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 \_\_\_\_\_  
23. Signature **H. A. Wilomeyer** M. D. or other **M.D.**  
Address **4362 Warne Rd** Date signed **5-29-46**

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

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

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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.

Signature

*Stanley H. Dixon*

Licensed Embalmer No.

*4193*

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.**