No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 21 1947

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 29702
Registrar's No. 7672

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

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis Mo. (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Alexian Bros. O (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)
In this community 78-I-5

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. 3705 Bamberger (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME George J. Zumsteg
3. (b) If veteran, name war
3. (c) Social Security No. 496-18-9769A

4. Sex Male O
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 July (Month) 4 (Day) 1869 (Year)

8. AGE: Years 78 Months I Days 5. If less than one day hr. min.

9. Birthplace St. Louis Mo. (City, town, or county) O (State or foreign country)
10. Usual occupation Ret Hardware
11. Industry or business
FATHER
12. Name Joe Zumster
13. Birthplace Switzerland (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Elizabeth Doetzel
15. Birthplace Germany (City, town, or county) (State or foreign country)
16. (a) Informant Louise Roemer
(b) Address 3705 Bamberger
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-13-47 (Month) (Day) (Year)
(c) Place: burial or cremation Sunset-Burial-Park
18. (a) Signature of funeral director Schumacher Und Co.
(b) Address 3013 Meramec St.
19. (a) AUG 12 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 9 year 1947 hour 9:05 minute P M.
21. I hereby certify that I attended the deceased from 1945 19 to August 9, 1947
that I last saw him alive on Aug 8 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia — Duration
Due to Chronic Kidney related hypertension Non-Calculous
Due to
Other conditions (Include pregnancy within 3 months of death) 1 2 3
Major findings: Of operations
Of autopsy

PHYSICIAN
Underline the cause of 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) O
While at work? (e) Means of injury

23. Signature J. A. Howard (M. D. or other) M.D.
Address 7297 Rosie Bldg. Date signed 8-12-47

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

Dr E. A. Powell
9th-Olive-Frisco Bldg.
11 to 12 AM
From
8 00 AM to 9 30 AM at St Anthony Hosp.

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 M. Schumacher

Licensed Embalmer No. 901

P. O. Address 3013 Miramee 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.