

FILED JAN 16 1948 **318**

Registration District No. Primary Registration District No. **1003**

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

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: 462 Vista Ave.
(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:

(a) State..... Missouri, (b) County..... 000

(c) City or town..... St. Louis,
(If outside city or town limits, write "RURAL") 17

(d) Street No. 462 Vista Ave.
(If rural, give location) 9

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

If yes, name country.....

3. (a) PRINT FULL NAME Annie W. Zumsteg,

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..... Wm. J. Zumsteg, 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased..... December 23, 1876
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>71</u>	<u>-0-</u>	<u>11</u>	hr. <u>1</u> min.

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

10. Usual occupation..... At Home,

11. Industry or business.....

12. Name..... Michael Gettings, 9

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

14. Maiden name..... Catherine Dwyer

15. Birthplace..... Ireland, (City, town, or county) (State or foreign country) 4

16. (a) Informant..... William J. Zumsteg,

(b) Address..... 462 Vista Ave.,

17. (a) Burial, (b) Date thereof..... 1/7/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... Calvary Cemetery,

18. (a) Signature of funeral director..... Gebken-Benz Mortuary

(b) Address..... 2842 Meramec St.,

19. (a) Date received by registrar..... JAN 5 1948 (b) Registrar's signature..... J. J. Pridack
(Date received by registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 4th
year 1948 hour 12: minute 50 A. M.

21. I hereby certify that I attended the deceased from 1946 to 1948
that I last saw her alive on 1/1/48 and that death occurred on the date and hour stated above. 45
Duration

Immediate cause of death Cerebro-vascular accident (Mild cerebral thrombosis) hypertensive heart disease + congestive heart failure

Due to.....

Due to.....

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

Major findings: Of operations..... 9/3

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)

While at work? (e) Means of injury..... 5

23. Signature..... Louis V. Rosell

Address..... 490 N. 1st St., St. Louis, Mo. Date signed..... 1/5/48

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 me

....., Registered Apprentice No.
working under my personal supervision.

Signed

Loren E. Percy

Licensed Embalmer No. 4094

P. O. Address 2842 Meramec St.,
St. Louis, 18, 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.