

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

National Office of Vital Statistics
FILED JAN 20 1948
Registration District No. **347**

Primary Registration District No. **6076**

1. PLACE OF DEATH:
(a) County: **St. Louis**
(b) City or town: **Wellston**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **1527 Engelholm 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: **St. Louis 96**
(c) City or town: **Wellston**
(If outside city or town limits, write "RURAL")
(d) Street No.: **1527 Engelholm Ave.**
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **Andrew Zettwoch**
3. (b) If veteran, name war..... **3. (c) Social Security No.**.....

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Jan.** day **11th**
year **1948** hour **3:10** minute..... P.M.

4. Sex: male female
5. Color or race: white black other
6. (a) Single, widowed, married, divorced, married: married
6. (b) Name of husband or wife: **Evelyn C. Zettwoch**
6. (c) Age of husband or wife if alive: **52** years
7. Birth date of deceased: **April 9, 1890**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Jan 11** 19**48** to..... 19.....
that I last saw him alive on **Jan 11** 19**48**
and that death occurred on the date and hour stated above. **Duration**
Immediate cause of death: **Coronary Thrombosis** **1 hr.**

8. AGE:
Years: **57** Months: **9** Days: **2**
If less than one day: hr. min.

Due to:.....
Due to:..... **940**
Other conditions:.....
(Include pregnancy within 3 months of death)

9. Birthplace: **St. Louis, Missouri**
(City, town, or county) (State or foreign country)
10. Usual occupation: **Bottler**
11. Industry or business: **Anheuser-Busch Co.**
12. Name: **August Zettwoch**
13. Birthplace: **Unknown**
(City, town, or county) (State or foreign country)
14. Maiden name: **Elizabeth Unknown**
15. Birthplace: **Unknown**
(City, town, or county) (State or foreign country)
16. (a) Informant: **Mrs. Evelyn C. Zettwoch**
(b) Address: **1527 Engelholm Ave.**
17. (a) burial (Burial, cremation, or removal) **(b) Date thereof: 1/14/48**
(Month) (Day) (Year)
(c) Place: burial or cremation: **Oak Grove Cemetery**
18. (a) Signature of funeral director: **Drehmann-Harral**
(b) Address: **1905 Union Blvd.**
19. (a) 1-348 (Date received local registrar) **(b) [Signature]** (Registrar's signature)

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: **C. E. Sterling, M.D.** (M. D. or other)
Address: **2050 North South Rd. St. Louis 14** Date signed: **12 Jan 48**

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

JAN 21 1954

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 Albert R. Thompson Jr
Licensed Embalmer No. 42037
P. O. Address 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.