

No. 2
-1/47
5-17-39

National Office of Vital Statistics
FILED OCT 1 1948
318

Primary Registration District No. 1003

Registrar's No.

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: **0**
Firmen Desloge
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... **1 day**
(Specify whether
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State..... **Illinois** (b) County..... **St. Clair** **999**
(c) City or town..... **Maplewood** **11**
(If outside city or town limits, write "RURAL") **0**
(d) Street No. **W.R.** **325 Walnut Grove Rd** **2**
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME..... **Permillia Zumwalt**
3. (b) If veteran, name war..... **none**
3. (c) Social Security No. **none**

4. Sex..... **Female** / 5. Color or race..... **White**
6. (a) Single, widowed, married, divorced..... **Married**
6. (b) Name of husband or wife..... **Glenn Zumwalt**
6. (c) Age of husband or wife if alive..... **43** years
7. Birth date of deceased..... **Oct. 12; 1908**
(Month) (Day) (Year)

8. AGE:
Years Months Days If less than one day
39 **11** **7** hr. min.

9. Birthplace..... **Belleville Ill**
(City, town, or county) (State or foreign country)

10. Usual occupation..... **at home**

11. Industry or business.....

12. Name..... **Jesse Howell** **9**

13. Birthplace..... **not known**
(City, town, or county) (State or foreign country)

14. Maiden name..... **Permillia Rebson**

15. Birthplace..... **East St. Louis, Ill**
(City, town, or county) (State or foreign country)

16. (a) Informant..... **Chas Turke**

(b) Address..... **East St. Louis, Ill**

17. (a) **removal** (b) Date thereof..... **Sept. 20, 1948**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... **East St. Louis Ill**

18. (a) Signature of funeral director..... **Chas Turke**

(b) Address..... **East St. Louis, Ill**

19. (a) **SEP 20 1948** (b) **J. J. Bredek**
(Date received local registry) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month..... **Sept** day..... **19** **1948**
year..... hour..... **11:18** minute..... **P.** M.

21. I hereby certify that I attended the deceased from.....
..... 19....., to....., 19.....;
that I last saw him..... alive on....., 19.....;
and that death occurred on the date and hour stated above.

Immediate cause of death..... **Pulmonary Edema**
+ Congestion; Nitrous Oxide
Ether Anesthesia; Post
Due to..... **Partum; at Firmen**
Desloge Hospital, on Sept
Due to..... **19 of 1948**

Other conditions..... **115**
(Include pregnancy within 3 months of death)

Major findings: **115**
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..... **Sept 19, 1948**

(c) Where did injury occur?..... **St. Louis, Ill**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?..... **yes above**

(e) Means of injury..... **no**
While at work?..... (Specify type of place)

23. Signature..... **J. J. Bredek** (e) Means of injury.....
(Registrar's signature) (Date signed) **9/20/48**

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 _____

Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Chas M. Burke

Licensed Embalmer No. 2421

P. O. Address E St Louis 2e

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.