

FILED MAR 8 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 6970
6970
Registrar's No. 6970

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|---|----------------------------------|--|---|--|--|---|---|
| BIRTH NO. | | REG. DIST. NO. 317 | | PRIMARY REG. DIST. NO. 6876 | | State File No. 6970 | |
| 1. PLACE OF DEATH a. COUNTY St. Louis | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE MISSOURI b. COUNTY St. Louis | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN FLORISSANT STATION R2 | | c. LENGTH OF STAY (In this place) 1 | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN FLORISSANT STATION R2 | | d. STREET ADDRESS (If rural, give location) FLORISSANT STATION R2 B2 40 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION At Home FLORISSANT STATION | | | | d. STREET ADDRESS (If rural, give location) | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) MINNIE | | | b. (Middle) RE | | c. (Last) TZUENGER | | 4. DATE OF DEATH (Month) (Day) (Year) FEB. 3 - 1949 |
| 5. SEX FEMALE | 6. COLOR OR RACE WHITE | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED | | 8. DATE OF BIRTH Nov. 8 - 1878 | 9. AGE (In years last birthday) 70 Months 24 Days 24 Hours 1 Min. | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, except if retired) HOUSE WIFE |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, except if retired) HOUSE WIFE | | 10b. KIND OF BUSINESS OR INDUSTRY - - - | | 11. BIRTHPLACE (State or foreign country) BLACK JACK MO. | | 12. CITIZEN OF WHAT COUNTRY? | |
| 13a. FATHER'S NAME THEODORE WOLFF | | | 13b. MOTHER'S MAIDEN NAME TRICKIE TIECKMANN | | 14. NAME OF HUSBAND OR WIFE HENRY TZUENGER | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or phase of service) | | 16. SOCIAL SECURITY NO. - - - | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Henry Zuenger Florissant, Mo. | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Interstitial Nephritis | | | | | INTERVAL BETWEEN ONSET AND DEATH |
| | | ANTECEDENT CAUSES DUE TO (b) Unknown None | | | | | |
| | | DUE TO (c) 1318 | | | | | |
| | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Nephria | | | | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION 542K | | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Fl. Florissant, Mo. | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Fl. Florissant, Mo. | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | | | |
| 22. I hereby certify that I attended the deceased from Dec 31 , 1948, to Feb 3 , 1949, that I last saw the deceased alive on Jan 3 , 1949, and that death occurred at 11:30 am. , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) L. C. Adams, M.D. | | | | 23b. ADDRESS Florissant, Mo. | | 23c. DATE SIGNED Feb. 4 - 49 | |
| 24a. BURIAL, CREMATION REMOVAL (Specify) BURIAL | | 24b. DATE FEB. 7/49 | | 24c. NAME OF CEMETERY OR CREMATORY SALEM LUTHERAN | | 24d. LOCATION (City, town, or county) (State) BLACK JACK MO. | |
| DATE REC'D BY LOCAL REG. 2-5-49 | | REGISTRAR'S SIGNATURE Thurmond L. ... | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Diedrich F. HOME 8319 Hall Street | | | |

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD—00

SEP 16 1955

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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed Justus W Dietel

Signed _____
Student Embalmer

Licensed Embalmer No. 4329

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.