

FILED SEP-2 1949

STANDARD CERTIFICATE OF DEATH

State File No. 28711

318

1003

2262

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

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Saint Louis, Missouri</b>			c. LENGTH OF STAY (In this place) _____			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Saint Louis</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>3955 Sullivan Avenue, 7,</b>				d. STREET ADDRESS (If rural, give location) <b>3955 Sullivan Avenue, 7,</b>			
3. NAME OF DECEASED (Type or Print) <b>Elizabeth</b>		a. (First)		b. (Middle) <b>Zuech</b>		c. (Last)	
4. DATE OF DEATH <b>August 22nd, 1949</b>		4. DATE (Month) (Day) (Year)		5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>October 19th, 1859</b>		9. AGE (In years last birthday) <b>89</b>		IF UNDER 1 YEAR Days <b>10</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None</b>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <b>Saint Louis, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Zacharias Tilker</b>		13b. MOTHER'S MAIDEN NAME <b>Johanna Schwartz</b>		14. NAME OF HUSBAND OR WIFE <b>Late Otto Zeuch</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <b>Miss Selma Zeuch, 3955 Sullivan Avenue, 7,</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cardiac Insufficiency</b>  ANTECEDENT CAUSES DUE TO (b) <b>Acute Bowel obstruction</b> DUE TO (c) <b>Probably Carcinoma of Colon</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>1 Day</b> <b>2 Days</b> <b>Indeterminate</b>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				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.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) <b>Hb</b> (STATE) _____		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? <b>153 X</b>				22. I hereby certify that I attended the deceased from <b>Aug 21st, 1949</b> , to <b>Aug 21st</b> , 1949, that I last saw the deceased alive on <b>Aug. 21</b> , 1949, and that death occurred at <b>3:00 P.m.</b> , from the causes and on the date stated above.	
23a. SIGNATURE <b>J. L. Mander</b>		23b. ADDRESS <b>3155 N. Vandeventer Ave.</b>		23c. DATE SIGNED <b>Aug. 23/49</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>8/25/49</b>		24c. NAME OF CEMETERY OR CREMATORY <b>New Picker Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Saint Louis, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>AUG 24 1949</b>		REGISTRAR'S SIGNATURE <b>J. B. Foster</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Calvin F. Feutz, 4828 Natural Bridge Blvd.</b>			

**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.

Student .....  
Student Embalmer

Signed John A. Mlinar

Licensed Embalmer No. 4186

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.