

36034

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

No. 300  
10. 48

XC-474 817  
Reg. # 97204 2 1951  
RECD NOV

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 37 PRIMARY REG. DIST. NO. 6076 Registrar's No. 3451

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>JEFFERSON BARRACKS, MO.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u> <u>2069</u>	
c. LENGTH OF STAY (In this place) <u>12 days</u>		d. STREET ADDRESS (If rural, give location) <u>5021 Wells Avenue</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>VETERANS ADMINISTRATION HOSP.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>FRANK</u> b. (Middle) <u>P.</u> c. (Last) <u>ZEISLER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>10-16-51</u>	
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>10-25-95</u>	9. AGE (In years last birthday) <u>55</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 6 HRS. Hours _____ Mins. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Office Supervisor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Employment</u>		11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
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13a. FATHER'S NAME <u>Nicholas Zeisler</u>		13b. MOTHER'S MAIDEN NAME <u>Emma Kruger</u>		14. NAME OF HUSBAND OR WIFE <u>Margaret Zeisler</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes WWI</u>		16. SOCIAL SECURITY NUMBER <u>488-03-2986</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>VA HOSPITAL RECORDS, JEFF. BRKS, MO.</u>	
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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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CARCINOMATOSIS</u>				INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) - - - - - DUE TO (c) - - - - -					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. - - - - -					

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) <u>NONE</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>VA</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	
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22. I hereby certify that I attended the deceased from 10-4-51, 1951, to 10-16-51, 1951, that I last saw the deceased XXXXXX, and that death occurred at 3:10 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u>		23b. ADDRESS (Degree or title) <u>M.D.</u> <u>VA HOSPITAL, JEFF. BRKS, MO.</u>		23c. DATE SIGNED <u>10-16-51</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>10-19-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>NATIONAL Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>JEFFERSON BARRACKS, MO.</u>	
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DATE REC'D BY LOCAL REG. <u>10-18-51</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Donke MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>CHAS. F. STUART &amp; SONS, St. Louis, Mo.</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

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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

*Clement McNeary*

Licensed Embalmer No. *3732*

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.