

FILED MAR 22 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 10798

Registrar's No. 1766

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		State File No. 10798		Registrar's No. 1766			
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 OR TOWN <b>Saint Louis</b> )			c. LENGTH OF STAY (in this place) <b>3 1/2 Months</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Saint Louis</b>			2119				
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Missouri Baptist Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>3828 Cottage Avenue, 13,</b>							
3. NAME OF DECEASED (Type or Print) a. (First) <b>August</b>			b. (Middle) _____			c. (Last) <b>Zemblidge</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Feb. 23rd, 1952</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>August 2nd, 1879</b>		9. AGE (In years last birthday) <b>72</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Interior Decorator</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Decorating</b>		11. BIRTHPLACE (State or foreign country) <b>Saint Louis, Missouri</b>			12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			
13a. FATHER'S NAME <b>George Zemblidge</b>			13b. MOTHER'S MAIDEN NAME <b>Barbara Kroenlein</b>			14. NAME OF HUSBAND OR WIFE <b>Mary Elizabeth Zemblidge</b>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mary Elizabeth Zemblidge</b>		ADDRESS <b>3828 Cottage Ave.</b>					
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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH				
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Sepsis &amp; Malnutrition</b>			DUE TO (b) <b>Infection of Chest Wall</b>			<b>20 days</b>				
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			DUE TO (c) <b>Chronic Emphysema</b>			<b>25 days</b>				
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<b>Low Blood Pressure</b>			<b>1 yr. approx</b>				
19a. DATE OF OPERATION <b>29 Jan 52</b>	19b. MAJOR FINDINGS OF OPERATION <b>Emphysema with Thick Pleural Peel - Rt Chest</b>						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) _____		(STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>518X</b>							
22. I hereby certify that I attended the deceased from <b>Sept 1, 1951</b> , to <b>Jan 23, 1952</b> , that I last saw the deceased alive on <b>Jan 23, 1952</b> , and that death occurred at <b>10:10P m.</b> , from the causes and on the date stated above.											
23a. SIGNATURE <b>J. Ernest Jensen M.D.</b> (Degree or title)				23b. ADDRESS <b>634 N. Grand Blvd</b>			23c. DATE SIGNED <b>25 Jan 52</b>				
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>2/27/52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Saint Louis County, Missouri</b>						
DATE REC'D BY LOCAL REG. <b>FEB 25 1952</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith M.D.</b>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Calvin F. Feutz, 4828 Natural Bridge Blvd.</b>						

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(Licensed Embalmer's Statement on Reverse Side)

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

**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 Ralph C. Lynders

Licensed Embalmer No. 4275

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.