

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **22858**  
 Registrar's No. **6017**

FILED JUL 9 1952

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo</b> b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St Louis</b>		c. LENGTH OF STAY (in this place) <b>2 yrs</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St Louis</b>		<b>2157</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Gietner Home</b>			d. STREET ADDRESS (If rural, give location) <b>15 5000 S Broadway</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>Lillie</b>		b. (Middle)	c. (Last) <b>Zellweger</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>June 24, 1952</b>	
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>	8. DATE OF BIRTH <b>July 25, 1881</b>	9. AGE (In years last birthday) <b>70</b>	# UNDER 1 YEAR Months
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At home</b>	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>St Louis Mo</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>Pilz</b>		13b. MOTHER'S MAIDEN NAME <b>Josephine Besse</b>		14. NAME OF HUSBAND OR WIFE <b>Albert Zellweger</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Albert Zellweger 1449 Collins</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, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Congestive heart failure</b>			<b>3 days</b>	
	ANTECEDENT CAUSES DUE TO (b) <b>Arterio sclerosis</b> <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>			<b>Several years</b>	
	DUE TO (c) <b>Cerebrovascular disease</b> <b>Paralysis agitans</b> <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			<b>Several years</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) (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>4500</b>		
22. I hereby certify that I attended the deceased from <b>5/17, 1952</b> , to <b>6/24, 1952</b> , that I last saw the deceased alive on <b>6/24, 1952</b> , and that death occurred at <b>4:00 P. m.</b> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <b>P. J. Moskop, M.D.</b>			23b. ADDRESS <b>3554 Victor St (4)</b>		23c. DATE SIGNED <b>6/26/52</b>
24a. BURIAL, CREMATION, REMOVAL	24b. DATE <b>6/27/52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mt Hope Mausoleum</b>	24d. LOCATION (City, town, or county) (State) <b>St Louis County Mo</b>		
DATE REC'D BY LOCAL REG. <b>JUN 27 1952</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>J L Ziegenhein &amp; Sons 7027 Gravois</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 *Neville B. Frohwitter*

Licensed Embalmer No. *3686*

P. O. Address *7027 Charois*

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.