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FILED JAN 26 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4411

BIRTH NO. _____ REG. DIST. NO. 319 PRIMARY REG. DIST. NO. 4469 Registrar's No. 8

1. PLACE OF DEATH
a. COUNTY: Ste. Genevieve
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ste. Genevieve
c. LENGTH OF STAY (in this place): 72
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 252 Roberts St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Ste. Genevieve
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ste. Genevieve 0951
d. STREET ADDRESS (If rural, give location): 647 LaPorte St. 0

3. NAME OF DECEASED (Type or Print)
a. (First): Catherine
b. (Middle): M. [illegible]
c. (Last): Zoll

4. DATE OF DEATH (Month) (Day) (Year): Jan. 18, 1953

5. SEX: Female /
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married /
8. DATE OF BIRTH: Feb. 1, 1880
9. AGE (In years last birthday): 72 — 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): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Ste. Genevieve, Missouri 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Charles Rottler
13b. MOTHER'S MAIDEN NAME: Veronica Schilly
14. NAME OF HUSBAND OR WIFE: Charles Zoll

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Vincent Zoll Ste. Genevieve, Missouri

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)	Acute cardiac Dilatation	Modern
ANTECEDENT CAUSES	Cerebral Haemorrhage	6 months
DUE TO (b)	Arterial Hypertension	2
DUE TO (c)	Chronic Myocarditis / Chronic Valvular Heart Disease	
II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.	Diabetes Mellitus	15 yrs.

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: none 443X
20. AUTOPSY? YES ☐ NO ☒

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) m.:
21e. INJURY OCCURRED WHILE AT WORK ☑ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct., 1952, *to* Jan 18, 1953, *that I last saw the deceased alive on* Jan 17, 1953, *and that death occurred at* 11:50 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. Clapsaddle, Mo
23b. ADDRESS: Ste Genevieve Mo
23c. DATE SIGNED: 1-19-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan. 21, 1953
24c. NAME OF CEMETERY OR CREMATORY: Calvary Cemetery
24d. LOCATION (City, town, or county) (State): Ste. Genevieve, Missouri

DATE REC'D BY LOCAL REG.: Jan. 20, 1953
REGISTRAR'S SIGNATURE: Lucille Basler Reg. S
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Jerome H. Stoutz Ste. Genevieve, Missou

(Licensed Embalmer's Statement on Reverse Side)

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

OCT 20 1953

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 Jerome H. Stanto

Licensed Embalmer No. 3817

P. O. Address Ste Genevieve

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.