

FILED APR 27 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH  
318

1003

State File No. 14077  
Registrar's No. 2097

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. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (In this place) <b>3 Days</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Webster Groves 4587</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Deaconess Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>201 Kingsville Ct. 1</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>PAUL</b> b. (Middle) <b>RICHARD</b> c. (Last) <b>ZWILLING</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>3-5-1955</b>				
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>8-2-1883</b>		9. AGE (In years last birthday) <b>71</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Superintendent</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Deaconess Hospital</b>		11. BIRTHPLACE (State or foreign country) <b>Freelandville Ind.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Jacob Zwilling</b>		13b. MOTHER'S MAIDEN NAME <b>Lydia Preiss</b>		14. NAME OF HUSBAND OR WIFE <b>Lillian Zwilling</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>Mrs. P.R. Zwilling</b> ADDRESS <b>Webster Groves Mo.</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, asthma, 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>Myocardial infarction</b>				DUE TO (b) <b>Coronary Sclerosis</b> <b>7 yrs.</b>			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c) <b>Arteriosclerotic heart disease</b> <b>7 yrs.</b>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<b>Diabetes</b> <b>6 yrs.</b>			
19a. DATE OF OPERATION <b>--</b>		19b. MAJOR FINDINGS OF OPERATION <b>None</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>---</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>---</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>---</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>None</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR <b>---</b> <b>4200</b>			
22. I hereby certify that I attended the deceased from <b>Nov. 1949</b> to <b>Mar. 5, 1955</b> , that I last saw the deceased alive on <b>Mar. 5, 1955</b> , and that death occurred at <b>12:10 m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>H. H. Westbrook M.D.</b>				23b. ADDRESS <b>19 E. Lockwood Ave., Webster Groves (19) Mo.</b>		23c. DATE SIGNED <b>3-7-55</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>3-8-1955</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Elm-Lawn Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis Co. Mo.</b>	
DATE REC'D BY LOCAL REG. <b>MAR 7 1955</b>		REGISTRAR'S SIGNATURE <b>Carl Smith</b>		EMERALD DIRECTOR'S SIGNATURE <b>Walter Aldrich F. Home Webster Groves</b> ADDRESS <b>---</b>			

(Licensed Embalmer's Statement on Reverse Side)

710.

WRITE PLAINLY—USING UNFADING 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 \_\_\_\_\_

Licensed Embalmer No. 4395

P. O. Address Hebster Grove

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.