

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **25337**
Registrar's No. **6237**

FILED JUL 20 1956

318

1003

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. 1003		Registrar's No. 6237			
1. PLACE OF DEATH a. COUNTY _____				2-USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo				b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis		c. LENGTH OF STAY (In this place) _____		c. CITY OR TOWN St Louis		d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION 4623 Nebraska				e. STREET ADDRESS (If rural, give location) 4623 Nebraska				215 10	
3. NAME OF DECEASED (Type or Print) a. (First) Robert			b. (Middle) C		c. (Last) Zeiner		4. DATE OF DEATH (Month) (Day) (Year) July 2, 1956		
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, / WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Apr 27, 1884		9. AGE (In years last birthday) 72 # UNDER 1 YEAR Days # UNDER 10 Hrs. Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired			10b. KIND OF BUSINESS OR INDUSTRY Brewer		11. BIRTHPLACE (City and State or Foreign Country) St Louis Mo			12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Christ Zeiner			13b. MOTHER'S MAIDEN NAME Elizabeth Appel			14. NAME OF HUSBAND/OR WIFE Anna L Zeiner			
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. 488-03-1407		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Anna Zeiner 4623 Nebraska				
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, poisoning, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Multiple Myeloma						INTERVAL BETWEEN ONSET AND DEATH ?	
		ANTECEDENT CAUSES 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 203+						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) m. _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____					
22. I hereby certify that I attended the deceased from Aug 10, 1955 , to July 2, 1956 , that I last saw the deceased alive on May 10, 1956 , and that death occurred at 5:30 a m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) [Signature]				23b. ADDRESS 6811 Gravois Ave			23c. DATE SIGNED July 3/56		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7/5/56		24c. NAME OF CEMETERY OR CREMATORY St. Peters Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis Mo.			
DATE REC'D BY LOCAL REG. JUL 3 1956		REGISTRAR'S SIGNATURE [Signature]			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS John L. Ziegenhein & Sons 7027 Gravois				

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.....
Signature of Student Embalmer

Signed..... *Ronald E Berry*

Licensed Embalmer No. *4853*

P. O. Address *7027 Green*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.