Health, & Welfare Public Service

. 300 1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-031146

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8095

FILED AUG 28 1958

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN: St.Louis — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Alexian Bro.Hospital — Length of stay in 1b: 2½ weeks

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY:
c. CITY OR TOWN: St.Louis — Inside Limits Yes [ ] No [ ]
d. STREET ADDRESS (If outside, give location): 514 Poepping St. — Reside on Farm Yes [ ] No [ ]

3. NAME OF DECEASED (Type or print): First: William Middle: H. Last: Zelch

4. DATE OF DEATH: Month August Day 18 Year 1958

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: December 26,1887
9. AGE (In years last birthday): 70 — 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): Retired Park Employ
10b. KIND OF BUSINESS OR INDUSTRY: City of St.Louis
11. BIRTHPLACE (City and state or country): St.Louis Co.Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: William Zelch
13b. MOTHER'S MAIDEN NAME: Christina Geitz
14. NAME OF HUSBAND OR WIFE: Margaret

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT: Mrs.Margaret Zelch 514 Poepping St. — Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 Days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): congestion Congestion
DUE TO (c): 334X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): cerebral arteriosclerosis. Cerebral Arteriosclerosis.

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 23 July 58 to 18 Aug 58 and last saw her/him alive on 17 Aug 58
Death occurred at 10.15 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Murray E. Finn (Degree or title) M.D. — Murray E. Finn M.D.
22b. ADDRESS: 518 Frisco Bldg. Room 518 Frisco
22c. DATE SIGNED: 20 Aug 58

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: Aug.21,1958
23c. NAME OF CEMETERY OR CREMATORY: Old St.Johns Cemetery
23d. LOCATION (City, town, or county) (State): Lemay 25,Missouri

24. FUNERAL DIRECTOR: C.Hoffmeister Mortuaries — ADDRESS: 7814 S.Broadway
25. DATE RECD. BY LOCAL REG.: AUG 20 '58
26. REGISTRAR'S SIGNATURE: J Earl Smith, M.D. S.R.

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Pneumonia not underlying cause

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 Lee G. Branson

Licensed Embalmer No. 4764

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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