

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-031234
STATE FILE NUMBER

FILED AUG 22 1958

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 2101

S. 300
1-57

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|---|----------------------------------|---|---|
| 1. PLACE OF DEATH a. COUNTY St. Louis | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clayton | | c. CITY OR TOWN St. Louis 4860 | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis County Hosp. D.O.A. | | d. STREET ADDRESS (If outside, give location) 419 Little Broadway | |
| 3. NAME OF DECEASED (Type or print) First Middle Last Mary Louise Zeller | | | 4. DATE OF DEATH Month Day Year Aug. 9, 1958 |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH June 15, 1885 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY At Home | 11. BIRTHPLACE (City and state or country) / Belleville, Illinois |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | 13a. FATHER'S NAME Carl Miller | |
| 13b. MOTHER'S MAIDEN NAME Cathryn Mundiville | | 14. NAME OF HUSBAND OR WIFE Joseph Zeller | |
| 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 Address Valley Park, Mo. Everett W. Sanderson 59 Petty Hill |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Violent physical trauma with severe brain injury Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____ | | | INTERVAL BETWEEN ONSET AND DEATH 802X 35 |
| 20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Struck by train while walking across Missouri | |
| 20c. TIME OF INJURY Hour Month, Day, Year 5:13 (CSM) a.m. 8/9/58 | | 20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) R. R. Tracks | |
| 20e. CITY, TOWN, OR LOCATION Valley Park | | 20f. COUNTY STATE St. Louis Mo. | |
| 21. I attended the deceased from _____, to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) Raymond H. Harro Coroner | | 22b. ADDRESS Clayton, Mo. | |
| 22c. DATE SIGNED 8/18/58 | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 8-12-58 | 23c. NAME OF CEMETERY OR CREMATORY Sacred Heart Cemetery | 23d. LOCATION (City, town, or country) (State) Valley Park, Mo. |
| 24. FUNERAL DIRECTOR ADDRESS Mittelberg Funeral Home, Inc. Webster Groves, Mo. | | 25. DATE RECD. BY LOCAL REG. 8-12-58 | 26. REGISTRAR'S SIGNATURE Walter P. Donker M.D. |

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.

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.

NOT EMBALMED

Student
Signature of Student Embalmer

Signed *Chas. J. Cox*

Licensed Embalmer No.

P. O. Address

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.