

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-042909

STATE FILE NUMBER

r. Health,  
& Welfare  
S. Public  
th Service

S. 300  
v. 1-56

Decaying the nearest certification in the specific manner required by 1937, 140 marks 1949.  
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms must be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Registration District No. 317 Primary Registration District No. 520 Registrar's No. 3134

**FILED DEC 10 1958**

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Warson Woods</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Warson Woods</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>1572 Renderer Dr.</u>			Length of stay in lb <u>2 1/2 yrs.</u>			d. STREET ADDRESS (If outside, give location) <u>1572 Renderer</u>	
3. NAME OF DECEASED (Type or print) First <u>David</u> Middle <u>T.</u> Last <u>Zoeller</u>				4. DATE OF DEATH Month <u>Nov.</u> Day <u>30</u> Year <u>1958</u>			
5. SEX <u>M.</u>		6. COLOR OR RACE <u>W.</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Aug. 16, 1940</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Student</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>school</u>		11. BIRTHPLACE (City and state or country) <u>Milwaukee, Wisconsin</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13. FATHER'S NAME <u>Anthony J. Zoeller</u>				14. MOTHER'S MAIDEN NAME <u>Janet M. Green</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>			16. SOCIAL SECURITY NO. <u>490-44-2839</u>		17. INFORMANT <u>Mr. Anthony J. Zoeller, 1572 Renderer Dr.</u>		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>RUPTURE Aneurysm</u> DUE TO (b) <u>old. POTT'S Blx 10x6 procedure</u> DUE TO (c) <u>tetralogy of Fallot</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>7540</u>							INTERVAL BETWEEN ONSET AND DEATH <u>10 YRS</u> <u>18 YRS</u>
20a. ACCIDENT <input 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.)				
20c. TIME OF INJURY Hour <u>10:45</u> Month <u>am</u> Day <u>10</u> Year <u>1958</u>							
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 <u>9/17/57</u> to <u>11/30/58</u> and last saw <u>him</u> alive on <u>3/1/58</u> . Death occurred at <u>10:45 am</u> on the date stated above; and to the best of my knowledge, from the causes stated							
22a. SIGNATURE (Degree or title) <u>Marvin E. Levin M.D.</u>				22b. ADDRESS <u>100 N. Euclid</u>		22c. DATE SIGNED <u>12/1/58</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>Dec. 1, 1958</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Holy Cross Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Milwaukee, Wisconsin</u>	
24. FUNERAL DIRECTOR <u>Arthur J. Donnelly</u> ADDRESS <u>Lindell Blvd.</u>			25. DATE RECD. BY LOCAL REG. <u>12-1-58</u>		26. REGISTRAR'S SIGNATURE <u>Herbert B. Donnelly</u>		

(Licensed Embalmer's Statement on Reverse Side)

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 *Francis Williams*

Licensed Embalmer No. *356*

P. O. Address *3840 Le*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.