

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-011562

STATE FILE NUMBER

FILED MAR 23 1959

Registration District No. _____ Primary Registration District No. _____ Registrar No. **2071**

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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
MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY		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 ST. LOUIS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN 450 S RICHMOND HEIGHTS Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION D.O.A. BARNES HOSP.		Length of stay in lb	d. STREET ADDRESS (If outside, give location) 8513 EVERETT Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First EMIL Middle _____ Last ZOLLER			4. DATE OF DEATH Month FEB Day 25 Year 1959
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH DEC 2 1880
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED BAKER		9b. KIND OF BUSINESS OR INDUSTRY	9c. AGE (In years last birthday) 78 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 BAKER		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) GERMANY
12. CITIZEN OF WHAT COUNTRY? U-S-A		13. MOTHER'S MAIDEN NAME	
13a. FATHER'S NAME LUDWIG ZOLLER		13b. MOTHER'S MAIDEN NAME ELIZABETH ZOLLER	
14. NAME OF HUSBAND OR WIFE LILLIAN ZOLLER		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO.		17. INFORMANT Address LILLIAN ZOLLER 8513 EVERETT	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic heart disease Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Gen arterioscl. DUE TO (c) 420.0 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Diabetes mellitus			INTERVAL BETWEEN ONSET AND DEATH 8 mo 10+ yrs
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 _____ Month, Day, Year a.m. _____ p.m. _____		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 Nov 1950 to Feb 25 '59 and last saw ^{her} him alive on 2-24-57 Death occurred at 905A m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) John L Horner M.D.		22b. ADDRESS 114 N Taylor, St Louis 8 Mo	
22c. DATE SIGNED 2-28-59		22d. DATE SIGNED	
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL FEB 28 1959 MEMORIAL PARK		23b. DATE	
23c. NAME OF CEMETERY OR CREMATORY ST. LOUIS CO. MO		23d. LOCATION (City, town, or county) (State)	
24. FUNERAL DIRECTOR ADDRESS Thomas Kutis 2906 Gravois		25. DATE RECD. BY LOCAL REG. FEB 27 '59	
26. REGISTRAR'S SIGNATURE Earl Smith, M.D.		26. REGISTRAR'S SIGNATURE	

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 _____

Eleanore Province

Licensed Embalmer No. 3403

P. O. Address *Minnings*

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.