

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

AMENDED

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **4677** - **61-019667** STATE FILE NUMBER

FILED JUN 8 1961

1. PLACE OF DEATH
 a. COUNTY _____
 b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN **St. Louis** Length of stay in 1b **lifetime**
 c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION **2003 Senate St.** Inside Limits Yes No

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) **2003 Senate St.** Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last **RICHARD O. ZEPPENFELD** 4. DATE OF DEATH Month Day Year **May 15 1961**

5. SEX **male** 6. COLOR OR RACE **white** 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH **about 1884** 9. AGE (last birthday) **about 77**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Contractor** 10b. KIND OF BUSINESS OR INDUSTRY **retired** 11. BIRTHPLACE (City and state or country) **St. Louis, Missouri** 12. CITIZEN OF WHAT COUNTRY **U. S. A.**

13a. FATHER'S NAME **William Zeppenfeld** 13b. MOTHER'S MAIDEN NAME **Emma ?** 14. NAME OF HUSBAND OR WIFE **unknown**

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 **Victor Zeppenfeld - 840 S. Meramec Ave.**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) **Cerebral Hemorrhage;**
 DUE TO (b) **Arterio Sclerosis.**
 DUE TO (c) **331X**

CONDITIONS, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.
 Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 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 _____ to _____ and last saw her/him alive on _____
 Death occurred at _____ **728 P.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

21a. SIGNATURE (Degree or title) **[Signature]** 21b. ADDRESS **1300 Clark Ave.** 21c. DATE SIGNED **5-17-61**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Cremation** 23b. DATE **May 18, 1961** 23c. NAME OF CEMETERY OR CREMATORY **Missouri Crematory** 23d. LOCATION (City, town, or county) (State) **St. Louis, Missouri**

24. FUNERAL DIRECTOR ADDRESS **Gebken Sons - 2630 Gravois Ave.** 25. DATE RECD. BY LOCAL REG. **MAY 17 1961** 26. REGISTRAR'S SIGNATURE **[Signature]**

DATE ADMITTED
 INSTEAD OF
 SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

NO EMBALMING PERFORMED

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

Robert E. Gelken

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.