

OCT 24 1927

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

26506

1. PLACE OF DEATH

County Buchanan

Registration District No. 85

File No. ....

Township .....

Primary Registration District No. 1001

Registered No. 905

City St. Joseph

(No. ....)

Missouri Methodist Hospital

St. ....

Ward) .....

2. FULL NAME

Louis Zerbst

(a) Residence. No. 1006 South 16th Street

(Usual place of abode)

St. ....

Ward. ....

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 55 yrs.

mos. ....

ds. ....

How long in U.S., if of foreign birth? 55 yrs.

mos. ....

ds. ....

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR  
DIVORCED (write the word)

Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED  
HUSBAND OF  
(OR) WIFE OF

Barbara Zerbst

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 5, 1858.

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1  
day, .... hrs.  
or .... min.

68

11

0

8. OCCUPATION OF DECEASED

(a) Trade, profession, or  
particular kind of work

(Retired) Soft Drink

(b) General nature of industry,  
business, or establishment in  
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Kunzeldorf.

(STATE OR COUNTRY)

East Germany.

PARENTS

10. NAME OF FATHER

Goddard Zerbst

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Unknown

(STATE OR COUNTRY)

Germany

12. MAIDEN NAME OF MOTHER

Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Unknown

(STATE OR COUNTRY)

Germany

14.

INFORMANT

Edward A. Zerbst

(Address)

2725 Mitchell Avenue

15.

FILED

6

19

1927

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

September 5, 1927.

17.

I HEREBY CERTIFY That I attended deceased from Feb

10 1927 Sept 4 1927  
that I last saw him alive on Sept 4, 1927, and that  
death occurred, on the date stated above, 3/20 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Endocarditis chronic

92 A

97

(duration) one yrs. .... mos. .... ds.

CONTRIBUTORY Arteriosclerosis

(SECONDARY)

(duration) 2 yrs. .... mos. .... ds.

18. WHERE WAS DISEASE CONTRAICTED

IF NOT AT PLACE OF DEATH

0 DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

Sept 6 (Signed) Jacob Leiger, M. D.

1927 (Address) St. Joseph

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state  
(1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, OR  
HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Ashland Cemetery

Sept. 7, 1927.

20. UNDERTAKER

ADDRESS

H.C. Schenck

1802 Union Str.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MAKING RESERVED FOR BINDING

Jacob L. Linn