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

Do not use this space.

File No. 6 6 1
Registered No. 28250

1. PLACE OF DEATH
County: St. Charles — Registration District No. 760
Township: Pardinas — Primary Registration District No. 6001
City: St Peters (No. ..... St. ..... Ward)

2. FULL NAME: Herman H Zurmiller

(a) Residence. No. St Peters St., ... Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widowed

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mary Zurmiller

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Aug 13 1841

7. AGE: Years 86 | Months — | Days 24 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Labor.
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY): Germany

PARENTS
10. NAME OF FATHER: —
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY): Germany
12. MAIDEN NAME OF MOTHER: —
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY): Germany

14. INFORMANT: Lena Beckmann
(Address) 4968 Thrush Av

15. FILED Sept 8, 1927 J. M. Jenkins
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Sept. 7 1927

17. I HEREBY CERTIFY, That I attended deceased from July 2, 1927, to Sept 7, 1927, that I last saw him alive on Sept 6, 1927, and that death occurred, on the date stated above, at 1:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Interstitial Nephritis
12 mo
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Arterio Sclerosis
Senil
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) J. M. Jenkins, M. D
, 19 (Address) St Peters Mo

*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: St Peters Cemetery
DATE OF BURIAL: Sept 10 1927

20. UNDERTAKER: Wm. F. Paschedag
ADDRESS: 2825 no Grand.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.