

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

Do not use this space.

33049

1. PLACE OF DEATH

County Buchanan.

Registration District No. 85

Township _____

Primary Registration District No. 1001

City St. Joseph

(No. 1006 south 16 street

File No. 1208

Registered No. _____

St. _____ Ward _____

2. FULL NAME Magdalena Dorothy Zerbst

(a) Residence, No. 1006 south 16 street St. _____ Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? 60 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

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

Ferdinand Zerbst

6. DATE OF BIRTH (MONTH, DAY AND YEAR) October 20, 1855

7. AGE

YEARS

MONTHS

DAYS

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

73

11

29

8. OCCUPATION OF DECEASED

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

Housewife

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Dahlenberg

(STATE OR COUNTRY)

Germany

10. NAME OF FATHER

John Buhr

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown

(STATE OR COUNTRY)

Germany

12. MAIDEN NAME OF MOTHER Sophia Schroder

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown

(STATE OR COUNTRY)

Germany

14. INFORMANT Frank F. Zerbst

(Address)

Denver Colo.

FILED 21 1929 John G. W. REGISTRAR

1 MEDICAL CERTIFICATE OF DEATH

18. DATE OF DEATH (MONTH, DAY AND YEAR) October 19 19 29

17. Sept 29 HEREBY CERTIFY, That I attended deceased from Oct 19, 1929, to Oct 19, 1929, that I last saw h. or alive on Oct 19, 1929, and that death occurred, on the date stated above, at 2-23 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Gastric Carcinoma
4.4 A 468
(duration) _____ yrs. _____ mos. 41 ds.

CONTRIBUTORY (SECONDARY)

(duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

0 DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Chemical

(Signed) B. W. Troutman M. D.

Oct 19, 1929 (Address) PT J Bldg

*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

Ashland Cemetery

DATE OF BURIAL

Oct. 21 19 29

20. UNDERTAKER

H. C. Sidenfaden

ADDRESS

1802 Union St.

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.

