

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

Do not use this space.

42504

**1. PLACE OF DEATH**

County..... Registration District No. 791  
 Township..... Primary Registration District No. 003  
 City St. Louis (No. Mo. St. Hospital) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 12261

**2. FULL NAME**

(a) Residence. No. William Zerk St. 17 Ward Chester Ill.  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred yrs. mos. 1 1/2 How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

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

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12 - 17 - 19 29

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

17. I HEREBY CERTIFY, That I attended deceased from Dec. 5 1928 to Dec. 17 1929 that I last saw him alive on Dec. 17 1929, and that death occurred, on the date stated above, at 6:45 A. m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 26 1907  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
27 10 21

THE CAUSE OF DEATH\* WAS AS FOLLOWS: 110A

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

Empyema (duration) yrs. 1 mos. 27 ds.  
 CONTRIBUTORY (SECONDARY) Broncho pneumonia, Operation for Empyema (duration) yrs. \_\_\_\_\_ mos. 1 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH Chester Ill.  
 DID AN OPERATION PRECEDE DEATH? yes DATE OF 11/2/29  
 WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS  
 (Signed) Arthur L. Hansen, M. D.

12-17, 19 29 (Address) Missouri Pacific

\*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. Louis, Ill. DATE OF BURIAL 12/18 1929

20. UNDERTAKER Brickler & Co. ADDRESS St. Louis, Ill.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Charles Ill.  
 10. NAME OF FATHER Chas. Zerk  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Illinois  
 12. MAIDEN NAME OF MOTHER Philipine Lattin  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Illinois

14. INFORMANT Henry Zerk (Address) 614 State St

15. L-C 17 1929 FILED 19 REGISTRAR W. C. Stanley

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

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