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

Do not use this space.

18695

JUN 21

PLACE OF DEATH

County Buchanan — Registration District No. 85

Township — Primary Registration District No. 1001 — File No.

City St. Joseph, (No. 2236 Francis St. Ward) — Registered No. 725

2. FULL NAME Josephine Zeidler,

(a) Residence. No. 2236 Francis St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) WIFE OF John L. Zeidler,

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 1st. 1855

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	74	10	21	

8. OCCUPATION OF DECEASED

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

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Wilkes Barre,
(STATE OR COUNTRY) Pennsylvania,

PARENTS

10. NAME OF FATHER John Wanger,

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown,
(STATE OR COUNTRY) Germany,

12. MAIDEN NAME OF MOTHER Barbara Hoffman

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown,
(STATE OR COUNTRY) Germany,

14. INFORMANT John L Zeidler
(Address) 2236 Francis Street,

15. FILED JUN 23 1930 John L. Zeidler REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 22 1930

17. I HEREBY CERTIFY, That I attended deceased from June 21, 1930, to ..., 19..., that I last saw h... alive on ..., 19..., and that death occurred, on the date stated above, at 12:30 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Hemorrhage - Cerebral

92 H

6 D

91

(duration) ... yrs. ... mos. 24 ds.

CONTRIBUTORY (SECONDARY) Arterio-sclerosis

(duration) 10 yrs. ... mos. ... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) L. L. Gunning, M. D.

6/22, 1930 (Address) St Joseph 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	DATE OF BURIAL
Ashland Cemetery	June 23 1930.
20. UNDERTAKER Heaton-Bigelow-Bowman	ADDRESS 319 S. 10 St.

Funeral Home

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.