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

Do not use this space.

File No. 30978

Registered No.

1. PLACE OF DEATH
County: GASCONADE
Township: RICHLAND
City: (No. , St. Ward)
Registration District No.: 30
Primary Registration District No.: 5421

2. FULL NAME: ANNA KATHERINE JULIA ZASTROW

(a) Residence. No. ✓ 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.

OCT 22 1931

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.

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: HENRY ZASTROW

6. DATE OF BIRTH (MONTH, DAY AND YEAR): MAY 7-1866

7. AGE: Years 65 | Months 4 | Days 6 | If LESS than 1 day, ...hrs. or ....min.

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

9. BIRTHPLACE (CITY OR TOWN): STALPE
(STATE OR COUNTRY): Mo.

PARENTS
10. NAME OF FATHER: BERNHARDT APEL
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY): GERMANY
12. MAIDEN NAME OF MOTHER: CONRADINE THEIS
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY): GERMANY

14. INFORMANT: Martin Zastrow
(Address): HERMANN, Mo RD

15. FILED 9-28, 1931 F. G. Kicker
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

✓

16. DATE OF DEATH (MONTH, DAY AND YEAR): Sept. 13th 1931

17. I HEREBY CERTIFY, That I attended deceased from July 25, 1931, to Sept. 13th, 1931, that last saw her alive on Sept. 12, 1931, and that death occurred, on the date stated above, at 2 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

81A Apoplexy

97 (duration) yrs. 2 mos. ds.

CONTRIBUTORY (SECONDARY): Arteriosclerosis

(duration) 1 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED: Same
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Symptoms
(Signed) E. G. Rhodius, M. D.
, 19 (Address) Bay 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. JOHN'S EVANG. CEM.
DATE OF BURIAL: 9/15 1931

20. UNDERTAKER: HERMAN BLUMER
ADDRESS: HERMANN MO