

OCT 13 1934

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County BuchananRegistration District No. 85Township St. JosephPrimary Registration District No. 001City St. Joseph(No. St. Joseph Hospital)File No. 31972Registered No. 1016St. St. Joseph Ward St. Joseph2. FULL NAME August Zein(a) Residence, No. 1017 North 4 street St. St. Joseph Ward St. Joseph

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? 40 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Divorced</u>
-----------------------	----------------------------------	--

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Mary Zein (OR) WIFE OF6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 14, 1881

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>53</u>	<u>3</u>	<u>17</u>		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Brewery worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Sept. 1934 11. Total time (years) spent in this occupation12. BIRTHPLACE (CITY OR TOWN) Hermendstadt (STATE OR COUNTRY) Germany13. NAME Franz Zein14. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Germany15. MAIDEN NAME Marie Schwartz16. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Germany17. INFORMANT Mrs. Mary Zein (ADDRESS) St. Louis Mo.18. BURIAL, CREMATION, OR REMOVAL Ashland Cemetery PLACE St. Joseph Mo. DATE Sept. 3 193419. UNDERTAKER H. O. Sidenfaden (ADDRESS) St. Joseph Mo.20. FILED 9-3 1934 John R. Benders Registrar

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) September 1, 193422. I HEREBY CERTIFY, That I viewed deceased fromI last saw h. alive on Sept. 1, 1934 to Sept. 1, 1934 Death is saidto have occurred on the date stated above, at 9 A. m.

The principal cause of death and related causes of importance were as follows:

Fractured Skull & cerebral Hemorrhage Date of onsetSept. 1, 19348:00 A.

Other contributory causes of importance:

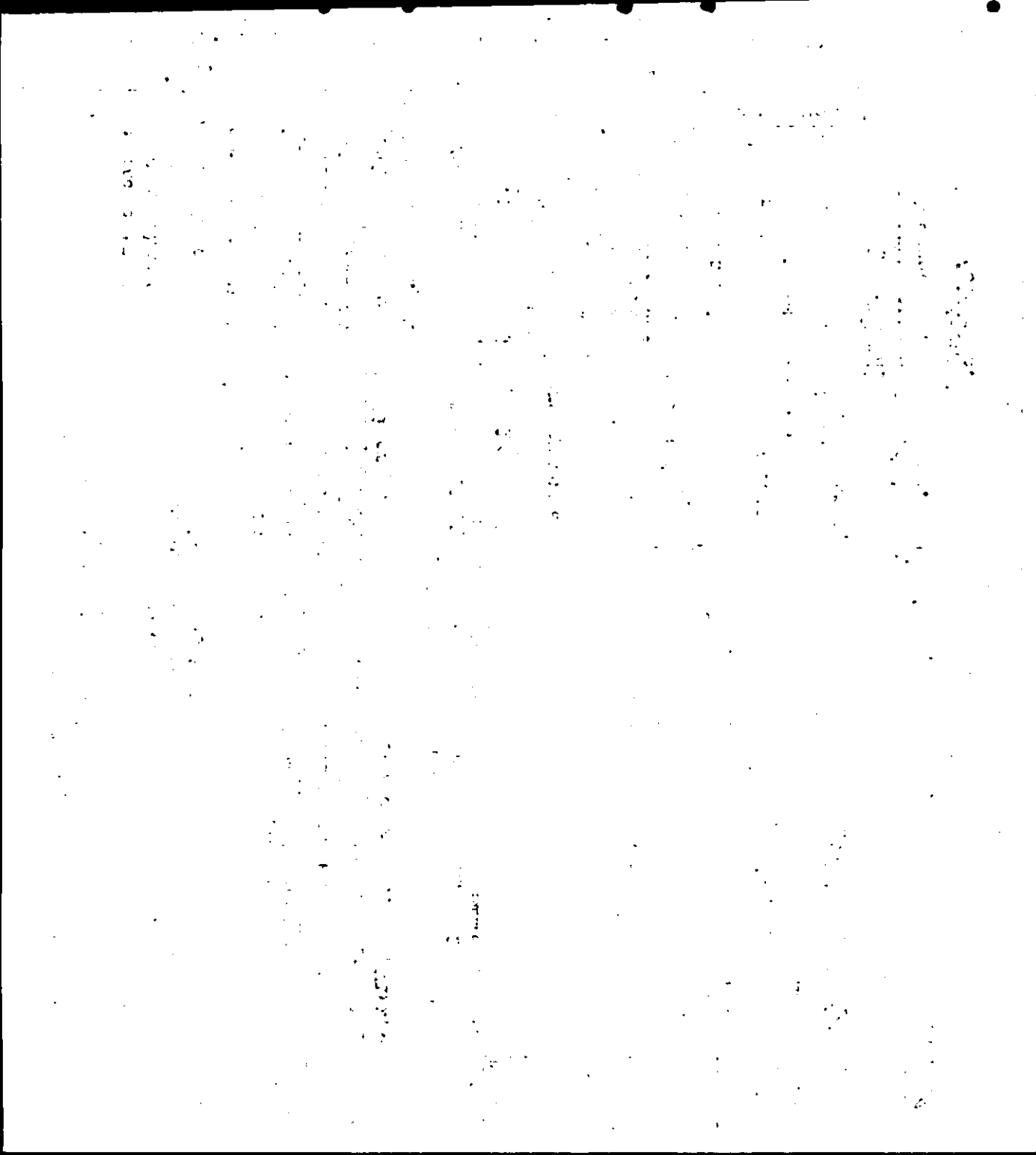
Investigation pendingName of operation none Date ofWhat test confirmed diagnosis? Autopsy Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? accident Date of injury 9/31, 1934Where did injury occur? Buchanan (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Public placeManner of injury undeterminedNature of injury Fractured Skull & cerebral Hemorrhage24. Was disease or injury in any way related to occupation of deceased? noIf so, specify Irish & Thomas Coroner(Signed) John R. Benders(Address) 721. Saarn



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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Buchanan

Registration District No. 85

Township St. Joseph

Primary Registration District No. 1001

City St. Joseph (No.)

File No.

Registered No. 1016

St. Ward

2. FULL NAME

(a) Residence, No. August Zein 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 m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) w

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ...hrs. or min.
53 3 17

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year).....

11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. UNDERTAKER (ADDRESS)

20. FILED 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 1, 1934

22. I HEREBY CERTIFY, That I attended deceased from to , 19

I last saw him alive on , 19 . Death is said to have occurred on the day stated above, at m.

The principal cause of death and related causes of importance were as follows:

Fractured Skull & Cerebral Hemorrhage Date of onset

Other contributory causes of importance: no request struck by car on public highway party unknown

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Farrest Thomas Cox

(Address)

SUPPLEMENTARY

John R Bender
Registrar

11/24/73

S-31912