

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.

NOV 4 1936

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

Do not use this space.

## 1. PLACE OF DEATH

County.....  
Township.....  
City..... (No. ....)

Registration District No. ....  
Primary Registration District No. ....

791

1008

File No. ....  
Registered No. ....  
Ward) .....

38990

2. FULL NAME LEO. ZETTHOCH.

(a) Residence, No. 7820 MINNESOTA. St. 1 Ward. ....  
(Usual place of abode)

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. (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE 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 CATHERINE ZETTHOCH.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) SEPT. 27, 1853

7. AGE YEARS 83 MONTHS — DAYS 5 If LESS than 1 day, ..... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. RETIRED MERCHANT.  
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) GERMANY13. NAME ANDREW ZETTHOCH.14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY15. MAIDEN NAME UNKNOWN.16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN.17. INFORMANT (ADDRESS) Theresa Wohlschlaeger - 7820 Minnesota18. BURIAL, CREMATION, OR REMOVAL PLACE Mount Olivet Cem. DATE 10-6 193619. UNDERTAKER Jos. P. FENDLER JR. (ADDRESS) 7128 Michigan20. FILED 11-2 1936 J. F. Bredeck Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 2 193622. I HEREBY CERTIFY, That I attended deceased from Oct 1 1935, to Oct 2 1936

I last saw him alive on Sept 25 1936 Death is said to have occurred on the date stated above, at 5a m.

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

Carcinoma of Rectum Date of onset Oct 1931H/BOther contributory causes of importance: H/BName of operation none Date of 6What test confirmed diagnosis? X-ray Was there an autopsy? no

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? no

If so, specify

(Signed) O. M. Lammie M. D.(Address) 7606 Michigan

