

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.

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

Do not use this space.

JUL 26 1937

1. PLACE OF DEATH

County Buchanan
Township Washington
City St. Joseph

Registration District No. 86
Primary Registration District No. 5727
(No. R.F.D. #8)

File No. 23264
Registered No. 39

2. FULL NAME Ronald Justin Zembles

(a) Residence, No. R.F.D. #8, St. Joseph, Mo.
(Usual place of abode)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? 7 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 6, 1937.

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ... hrs. or min.
0 0 0

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
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) R.F.D. #8, St. Joseph, Missouri
(STATE OR COUNTRY)

FATHER
13. NAME Justin Zembles
14. BIRTHPLACE (CITY OR TOWN) Unknown, Lithuania
(STATE OR COUNTRY)
MOTHER
15. MAIDEN NAME Martha Maeas Mehner
16. BIRTHPLACE (CITY OR TOWN) Unknown, Lithuania
(STATE OR COUNTRY)

17. INFORMANT Justin Zembles
(ADDRESS) R.F.D. #6, St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL Mt. Olivet Cemetery
PLACE St. Joseph, Mo. DATE June 6, 1937

19. UNDERTAKER H. O. Sidenfaden and Son
(ADDRESS) 1802 Union Str. St. Joseph, Mo.

20. FILED June 7, 1937 B. W. Tadlock M.H. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 6, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 6, 1937, to June 6, 1937.
I last saw him alive on St. Joseph, Mo., 1937. Death is said to have occurred on the date stated above, at 1:40 A.M.

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

Unknown
Premature Birth
Probably died two weeks

Other contributory causes of importance:

Name of operation none Date of operation
What test confirmed diagnosis Physician's test

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 1937
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) J. P. Elliott, M. D.
(Address) 801 1/2 Francis St. City

