

JAN 18 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County GasconadeRegistration District No. 303Township HermannPrimary Registration District No. 4182City Hermann (No.)File No. 45309Registered No. St. Ward

2. FULL NAME

(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? 55 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Caroline Zoeller6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov-12-18527. AGE YEARS 85 MONTHS 1 DAYS 3 If LESS than 1 day, hrs. min. 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer9. 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) 6/14/1011. Total time (years) spent in this occupation 5012. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany13. NAME Valentine Zoeller14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany15. MAIDEN NAME "Unknown" Koch16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany17. INFORMANT Mrs Wm Feil (ADDRESS) Hermann Mo18. BURIAL, CREMATION, OR REMOVAL PLACE Hermann City DATE 12/18 3719. UNDERTAKER Hugo H. Blum (ADDRESS) Hermann Mo20. FILED 12-18 1937 H. K. Riehoff Registrar21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 15, 193722. I HEREBY CERTIFY, That I attended deceased from Nov 19, 1937, to Dec 15, 1937I last saw him alive on Dec 15, 1937. Death is saidto have occurred on the date stated above, at 3:30 p.m.

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

Lobar Pneumonia Date of onset 12-13-37 Other contributory causes of importance: Influenza 12-27-37 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? NoIf so, specify (Signed) H. K. Riehoff, M. D. (Address) Hermann Mo

