

REC'D APR 22 1938

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

11719  
Do not use this space.

1. PLACE OF DEATH

(a) County Berry Registration District No. 659  
(b) Township Cinque Hommes Primary Registration District No. 5876 Registered No. 45  
(c) City..... (d) Street No.....  
(If death occurred in Hospital or Institution, write its name instead of street and number) St.  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Theresa Mary Zoellner 456  
(a) Residence, No. Biehle, Mo. St.  (If nonresident, give city or town and State)

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 Barney Zoellner  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 27, 1859  
7. AGE YEARS MONTHS DAs If LESS than 1 day, ..... hrs. or ..... min.  
78 8 3

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as saw mill, bank, etc. Housewife  
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) Berry County, Mo.

FATHER 13. NAME Trity Lappa  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Berry County, Mo.

MOTHER 15. MAIDEN NAME Unknown  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Henry Zoellner  
(ADDRESS) Biehle, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Biehle Catholic Cem. DATE April 1, 1938

19. FUNERAL DIRECTOR (NAME) Berry Funeral Home  
(ADDRESS) Berryville, Mo.

20. FILED March 31, 1938 Martin Wocchel  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 30, 1938

22. I HEREBY CERTIFY That I attended deceased from 10-15 36 to March 30, 1938  
I last saw her alive on March 29, 1938 Death is said to have occurred on the date stated above, at 12:05 P.M.  
The principal cause of death and related causes of importance were as follows:

Cerebral Apoplexy Date of onset 2 days  
8 1/2 hrs

Other contributory causes of importance:  
Hypertension  
Cerebral Arteriosclerosis 3 yrs

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) Oscar Caron, M. D.  
(Address) Berryville, Mo.

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.

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, .....

*Albert H. Bey*

....., or by .....

Registered Apprentice No..... working under my personal supervision.

Signed.....

*Albert H. Bey*

Licensed Embalmer No.....

*3866*

P. O. Address.....

*Berryville, Mo.*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**