

NOV 14 1938

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

35623  
Do not use this space.

1. PLACE OF DEATH

(a) County Franklin Registration District No. 293  
 (b) Township Pacific Primary Registration District No. 4177 Registered No. \_\_\_\_\_  
 (c) City Pacific (d) Street No. Pacific, Missouri St. \_\_\_\_\_  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (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

William Zweifel  
 (a) Residence, No. 7229 Cornelia Ave. St.  St. Louis County, Mo.  
 (Usual place of abode, if no street address, write county or city) (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) Divorced  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Susie Zweifel  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March-15-1881  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 57 7 2  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer  
 9. Industry or business in which work was done, as saw mill, bank, etc. \_\_\_\_\_  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 17 1938  
 22. I HEREBY CERTIFY, That I attended deceased from Oct 15 1938 to Oct 17 1938  
 I last saw him alive on Oct 16 1938 Death is said to have occurred on the date stated above, at 2:00 p.m.  
 The principal cause of death and related causes of importance were as follows:

Chronic Mitral Stenosis Date of onset 8 Mo.

Other contributory causes of importance: 92%

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? Clinical 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) W. H. Steuber M. D.

(Address) Pacific, Mo.

12. BIRTHPLACE (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) Missouri

FATHER 13. NAME Jacob Zweifel  
 14. BIRTHPLACE (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) Unknown

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

17. INFORMANT Clarence Zweifel  
 (ADDRESS) 7229 Cornelia, St. L. Mo.

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Pacific, Mo. DATE Oct. 20th 1938

19. FUNERAL DIRECTOR (NAME) Drehmann & Baird  
 (ADDRESS) 1905 Union Blvd.

20. FILED NOV 9 1938 Mary B. Goss  
 Local Registrar.

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.

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**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, .....

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

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

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**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.**