

REC'D MAR 9 1939

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

Do not use this space.

1. PLACE OF DEATH

County CoaleTownship OrangeCity St. Thomas(No. 1)Registration District No. 1158Primary Registration District No. 5296AFile No. 27Registered No. 1

St. _____ Ward _____

2. FULL NAME Mary Agnes Zaethen

(a) Residence, No. _____

(Usual place of abode)

St. _____

Ward _____

(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?

yrs. _____

mos. _____

ds. _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female4. COLOR OR RACE white5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF Peter Zaethen6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 22 - 1861

7. AGE

YEARS 78MONTHS 4DAYS 24

If LESS than 1 day,hrs. ormin.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

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) Nov 1, 193811. Total time (years) spent in this occupation 7812. BIRTHPLACE (CITY OR TOWN) St. Thomas(STATE OR COUNTRY) Coale Mo.

MOTHER FATHER

13. NAME Frank Leven14. BIRTHPLACE (CITY OR TOWN) Germany

(STATE OR COUNTRY)

15. MAIDEN NAME Margaret Cant16. BIRTHPLACE (CITY OR TOWN) Germany

(STATE OR COUNTRY)

17. INFORMANT Lucret Weber(ADDRESS) St. Thomas Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE St. Thomas Cem. DATE Feb 25 193919. UNDERTAKER H. Stroy(ADDRESS) St. Thomas Mo.20. FILED Feb 22 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 22 193922. I HEREBY CERTIFY, That I attended deceased from Nov 1 1938, to Feb 22 1939I last saw him alive on Feb 22 1939. Death is saidto have occurred on the date stated above, at 12:30 A.M.

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

Lobar pneumoniaDate of onset Feb 7Other contributory causes of importance: 108

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? no

If so, specify _____

(Signed) J. F. Conkelt MD 1939(Address) Meta Mo. 2

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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.

