

REC'D AUG 1 1939

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

26011
Do not use this space.

1. PLACE OF DEATH

(a) County Jefferson Registration District No. H25
(b) Township Commerce Primary Registration District No. 5580
(c) City _____ or _____ (d) Street No. _____ 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 18 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

(a) Residence, No. 263 PHILIP ZWEIFGART Cedar Hill Mo St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Elizabeth (Ficken)
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 17-1871
7. AGE YEARS 68 MONTHS 4 DAYS 9 IF LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired Farmer
9. Industry or business in which work was done, as saw mill, bank, etc. Own farm
10. Date deceased last worked at this occupation (month and year) June 10-1934 11. Total time (years) spent in this occupation. 45 years

12. BIRTHPLACE (CITY OR TOWN) Cedar Hill (STATE OR COUNTRY) Mo

13. NAME Philip Zweifgart

14. BIRTHPLACE (CITY OR TOWN) G. Baden (STATE OR COUNTRY) Germany

15. MAIDEN NAME Wilhelmina Kuehler

16. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY)

17. INFORMANT John Schneider (ADDRESS) Chalshors rd

18. BURIAL, CREMATION, OR REMOVAL Local Cem. PLACE _____ DATE July 28 1939

19. FUNERAL DIRECTOR (NAME) J. B. Brummett (ADDRESS) Home Springs Mo

20. FILED 27 Jul 39 James A. Townsend Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 26th 1939

22. I HEREBY CERTIFY, that I attended deceased from March, 1939, to July 26th, 1939

I last saw him alive on July 24th, 1939. Death is said to have occurred on the date stated above, at 1:30 a.m.

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

Apoplexy Sept 26 1938
Date of onset

Other contributory causes of importance: hypertension myocarditis

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? no

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. B. Edwards, M. D.
(Address) Cedar Hill

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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

John H. Bunker

Licensed Embalmer No. 1470

P. O. Address Amesbury, Mass.

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.