

OCT 1 1939

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

31916

Do not use this space.

## 1. PLACE OF DEATH

(a) County BuchananRegistration District No. 85

(b) Township

Primary Registration District No. 1001(c) City St. Joseph(d) Street No. 2020 Clay(e) Length of residence in city or town where death occurred 63 yrs. 2 mos. 19 da.

(If death occurred in Hospital or Institution, write its name instead of street and number)

(f) How long in U. S., if of foreign birth? yrs. mos. da.

## 2. PRINT FULL NAME

Mary Marguerite Zeltner(a) Residence, No. 2020 ClaySt. ☐

(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

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

June 29, 1876.

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ..... hrs. or ..... min.

63219

OCCUPATION

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

At Home

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

St. JosephMissouri

FATHER

13. NAME

John J. Zeltner

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

UnknownSwitzerland

MOTHER

15. MAIDEN NAME

Anna Marie Heim

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

UnknownSwitzerland

17. INFORMANT (ADDRESS)

Mrs. August Biller2020 Clay Str. St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE ST. JOSEPH, MO.DATE SEPT. 30, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS)

H. O. Sidenfaden & Son1802 Union Str. St. Joseph, Mo.

20. FILED

9-191939St. Joseph, Mo.

Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) September 18, 193922. I HEREBY CERTIFY, That I attended deceased from Sept 18th 1939, to....., 19.....I last saw h. #####, 19..... Death is saidto have occurred on the date stated above, at 6:30 A.M.

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

Mitral Insufficiency

Date of onset

Other contributory causes of importance:

none

Name of operation

History

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? N.O.

If so, specify

(Signed)

R. W. Tadlock

coroner, M. D.

(Address) King Hill Bldg4

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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 Elbert P. Harrington

Licensed Embalmer No. 3258.

P. O. Address St. Joseph, 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.**