

DEC 11 1939

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

39012  
Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan Registration District No. 85  
 (b) Township St. Joseph Primary Registration District No. 1001 Registered No. 1144  
 (c) City St. Joseph (d) Street No. 507 North Eleventh 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 70 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Louis Beat Zeltner

(a) Residence, No. 507 North Eleventh 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) married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Katherine Francis Zeltner  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 31, 1869  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 70 5 3  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. employed at  
 9. Industry or business in which work was done, as saw mill, bank, etc. Anchor Serum Co.  
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (CITY OR TOWN) St. Joseph, Missouri. (STATE OR COUNTRY)

FATHER 13. NAME John Joseph Zeltner

FATHER 14. BIRTHPLACE (CITY OR TOWN) Unknown, Switzerland. (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Anna Marie Heim

MOTHER 16. BIRTHPLACE (CITY OR TOWN) Unknown, Switzerland. (STATE OR COUNTRY)

17. INFORMANT Mrs. Katherine Frances Zeltner (ADDRESS) 507 North Eleventh, St. Joseph

18. BURIAL, CREMATION, OR REMOVAL St. Joseph, Missouri PLACE Mt. Olivet Cemetery DATE November 6, 1939

19. FUNERAL DIRECTOR (NAME) Walter Meierhoffer (ADDRESS) 1302 Faraon St., St. Joseph

20. FILED Nov 6, 1939 AJ Neithaus Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 4, 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov 4 1939 to Nov 4 1939  
 I last saw him alive on Nov 4 1939 Death is said to have occurred on the date stated above, at 4 p. m.  
 The principal cause of death and related causes of importance were as follows:

Myocarditis

Date of onset 3

Other contributory causes of importance:

Cholecystitis

Name of operation None Date of ad  
 What test confirmed diagnosis? None Was there an autopsy? ad

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? None Date of injury None, 1939  
 Where did injury occur? None (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None  
 Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? ad  
 If so, specify None  
 (Signed) J. H. Allaman, M. D.  
 (Address) Central Building, St. Joseph

MARGIN RESERVED FOR BINDING

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.

V. S. NO. 2  
50M-9-19-38  
I X1605

Call - 2-3331

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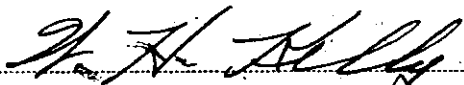
**STATEMENT BY LICENSED EMBALMER**

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. Mo. 1946

P. O. Address St. Joseph, Missouri.

**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.**