

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

6356

State File No.

Registrar's No.

MAR 11 1941 85

Registration District No.

Primary Registration District No. 1001

236

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 2406 Main St 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none
(Specify whether
In this community 31 years
years, months or days)

3. (a) PRINT FULLNAME Ralph Zolaneck

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Hermine 6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased April 26 1884
(Month) (Day) (Year)

8. AGE: Years 56 Months 9 Days 29 If less than one day hr. min.

9. Birthplace Austria (City, town, or county) (State or foreign country)

10. Usual occupation Retired Carpenter

11. Industry or business Welder for self

12. Name Frank Zolaneck

13. Birthplace Austria (City, town, or county) (State or foreign country)

14. Maiden name Hermine

15. Birthplace Austria (City, town, or county) (State or foreign country)

16. (a) Informant Hermine Zolaneck

(b) Address 2406 Main St

17. (a) Burial (b) Date thereof 2-27-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Leary Barry Funeral Home

(b) Address 218 South 10th St

19. (a) 2/27/41 (b) H. M. Mistlebush
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town St Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 2406 Main St ?
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? 40 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 25 year 1941 hour 3 minute 25 A. M.

21. I hereby certify that I attended the deceased from Nov 15 1940 to Feb. 24 1941;
that I last saw him alive on Feb. 24 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumo. pneumonia Duration Feb 21/41

Due to 109

Due to Other conditions In the chest of Cord Nov/40
(Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy None

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) _____ (County) _____ (State) _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Yes

(Specify type of place) _____
(a) Means of injury _____

23. Signature Frank Zolaneck (M. D. or other) M. D.
Address Kempelner Bldg Date signed 2/26/41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 E. Myers
Licensed Embalmer No. 3220
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, fact should be so stated above.