

FILED APR 11 1941
Registration District No. 506

Primary Registration District No. 5424

1. PLACE OF DEATH:

(a) County Gasconade
(b) City or town Rural Boeuf
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Mike Boesch Residence
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days
(Specify whether
In this community 55 Years
years, months or days)

3. (a) PRINT FULL NAME JOSEPH ZOELLER

3. (b) If veteran, name war no 3. (c) Social Security No. No

4. Sex M 5. Color or race White 6. (a) Single, widowed, married, divorced divorced
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive 17 years
7. Birth date of deceased 1 (Month) 17 (Day) 1883 (Year)

8. AGE: Years 58 Months 2 Days 14 If less than one day hr. min.

9. Birthplace Switzerland (City, town, or county) 5 (State or foreign country)

10. Usual occupation Blacksmith

11. Industry or business _____

MOTHER FATHER { 12. Name LOUIS ZOELLER
13. Birthplace Switzerland (City, town, or county) 6 (State or foreign country)
14. Maiden name _____
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Arthur Zoeller
(b) Address Berger, Mo. R.F.D. #2
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4 (Month) 4 (Day) 41 (Year)
(c) Place: burial or cremation Swiss Evan. Cemetery

18. (a) Signature of funeral director John Engelbrecht
(b) Address Berger, Mo.
19. (a) 4-2-1941 (Date received local registrar) (b) John Engelbrecht (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gasconade 37
(c) City or town Rural (If outside city or town limits, write "RURAL") 0
(d) Street No. Near Swiss, Mo. (If rural, give location) 0
(e) If foreign born, how long in U. S. A. 55 years years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 1 year 1941 hour 8:00 minute _____ P. M.

21. I hereby certify that I attended the deceased from April 1 1941, to April 1 1941, that I last saw him alive on April 1 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Injuries sustained by runaway team Duration _____

Due to _____

Due to _____

Other conditions _____ (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

(a) Accident, suicide, or homicide (specify) Accident 037
(b) Date of occurrence April 1 1941
(c) Where did injury occur? Rural, Baird Township (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? 27 on farm
While at work yes (Specify type of place) (e) Means of injury Runaway team

23. Signature J. Wessling (M. D. or other) 0
Address Berger, Mo. Date signed 4-2-41

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

Herman Blum

Licensed Embalmer No.

528

P. O. Address

BERGER, 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.