

No. 2
1-10-39
-17-39
X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **11201**

Registration District No. **470**

Primary Registration District No. **5633**

Registrar's No. **24**

1. PLACE OF DEATH:

(a) County Lawrence
(b) City or town Mount Vernon, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Missouri State Sanatorium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 14 days
(Specify whether
In this community 14 days
years, months or days)

3. (a) PRINT FULL NAME Vincent Zerngast
8. (b) If veteran, name war No
9. (c) Social Security No. None known

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced / Married
6. (b) Name of husband or wife Julia Zerngast 6. (c) Age of husband or wife if alive 12 years
7. Birth date of deceased January 24 1889
(Month) (Day) (Year)

8. AGE: Years 52 Months 0 Days 25 If less than one day hr. min.

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

10. Usual occupation Miner

11. Industry or business

FATHER { 12. Name Joseph Zerngast
18. Birthplace Austria
(City, town, or county) (State or foreign country)
MOTHER { 14. Maiden name Mary Rorp
15. Birthplace Austria
(City, town, or county) (State or foreign country)

16. (a) Informant W. McMichael, Record Clerk
(b) Address Missouri State Sanatorium

17. (a) Burial (b) Date thereof 1-28-1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Carmel Cemetery Frontenac

18. (a) Signature of funeral director John C. Frieckel

(b) Address Frontenac, Mo

19. (a) 2-18-1941 (b) P.A. HOLMES
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cedar
(c) City or town Jorico Springs
(If outside city or town limits, write "RURAL")
(d) Street No. Route 2
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 17th
year 1941 hour _____ minute 10:45 P.M.

21. I hereby certify that I attended the deceased from Feb. 4, 1941 to Feb. 17, 1941
that I last saw him alive on Feb. 17th, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Decomposed Pulmonary Tuberculosis
Duration 15 yrs

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

PHYSICIAN
Major findings: Of operations _____
Of autopsy None
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) _____
(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? _____
(Specify type of place) (e) Means of injury _____

23. Signature James H. ... (M. D. or other) _____
Address Mount Vernon, Mo Date signed 2-18-41

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

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RECEIVED

District Health Officer No. 6,

District File Number 341-377

Date Filed MAR 5 1941

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.....

John C. Friskel

....., Registered Apprentice No.

working under my personal supervision.

Signed *John C. Friskel*

Licensed Embalmer No. 1775

P. O. Address Frontenac Kans

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.