No. 2
-1-4-41
5-17-39
I X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27828

FILED SEP 10 1941 85
Registration District No.

Primary Registration District No. 1001

Registrar's No. 816

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

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: 2432 Bartlett
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 60 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 2432 Bartlett
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ANNA ZEBROCK
3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex female
5. Color or race white
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Herman Zebrock
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Nov. (Month) 18th. (Day) 1861 (Year)

8. AGE: Years 79 | Months 8 | Days 24 | If less than one day hr. min.

9. Birthplace Lottenburg (City, town, or county) Germany (State or foreign country)
10. Usual occupation Housework
11. Industry or business Home

MOTHER FATHER
12. Name Meichel Ganscap
13. Birthplace unknown (City, town, or county) Germany (State or foreign country)
14. Maiden name Anna Post
15. Birthplace Unknown (City, town, or county) Germany (State or foreign country)

16. (a) Informant Miss Minnie Zebrock
(b) Address 2432 Bartlett St. Joseph, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-14-41 (Month) (Day) (Year)
(c) Place: burial or cremation Ashland Cemetery
18. (a) Signature of funeral director FLEEMAN & SON INC.
(b) Address St. Joseph Mo.
19. (a) Aug. 14 1941 (Date received local registrar) (b) W. J. Beatlebush (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 12th. year 1941 hour 4 minute 30 A M.

21. I hereby certify that I attended the deceased from May 11 1941 to Aug 11 1941; that I last saw her alive on Aug 11 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma Head of Pancreas.	Mar. 4,
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) Jaundice.	May 11, '41
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)
(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)
While at work? (e) Means of injury

23. Signature Frank Hardegan M.D. (M. D. or other)
Address Kenpalmer Blg Date signed 8/13/41

(Licensed Embalmer's Statement on Reverse Side)

ST. JOSEPH

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~~ Me

....., Registered Apprentice No.....

working under my personal supervision.

Signed Geo E Daniel

Licensed Embalmer No. 3300

P. O. Address St Joseph M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi
the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.