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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **32668**

FILED OCT 13 1941
Registration District No. **780**

Primary Registration District No. **6028**

Registrar's No. **52**

1. PLACE OF DEATH:

(a) County STE. GENEVIEVE

(b) City or town RURAL Jackson 21
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Ste. Genevieve

(c) City or town RURAL Jackson T.W.P.
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME ELI ZERWIG

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 21
year 1941 hour 1 minute 25 P.M.

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

4. Sex MALE 5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife FRANCES WALK

6. (c) Age of husband or wife if alive 80 years

7. Birth date of deceased January 20, 1859
(Month) (Day) (Year)

Immediate cause of death Cardiac Dehiscence

Duration _____

8. AGE: Years Months Days If less than one day

82 8 1 hr. _____ min.

Due to Chronic Myocarditis Anterior Dehiscence 15 yrs.

Due to Prostatic Hypertrophy

9. Birthplace STE. GENEVIEVE COUNTY MO
(City, town, or county) (State or foreign country)

Other conditions Tuberculosis 3 days
(Include pregnancy within 3 months of death)

10. Usual occupation FARMER

11. Industry or business _____

Major findings:
Of operations _____
Of autopsy 930

Underline the cause to which death should be charged statistically.

MOTHER FATHER { 12. Name JOSEPH ZERWIG

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

14. Maiden name Unknown

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

16. (a) Informant Frank G. Gerwin

(b) Address St. Genevieve Mo R. 2

17. (a) BURIAL (b) Date thereof Sept 23, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation BLOOMSBACH

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

(a) Accident, suicide, or homicide (specify) NW

(b) Date of occurrence NW

(c) Where did injury occur? NW (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 0

18. (a) Signature of funeral director Geo C. Busli

(b) Address St. Genevieve Mo

19. (a) Sept 22/41 (b) T.W. Douglas
(Date received local registrar) (Registrar's signature)

While at work _____ (Specify type of place) (c) Means of injury 1

23. Signature St. Genevieve (M. D. or other) 0
Address St. Genevieve Mo Date signed 9-24-41

TVE (Licensed Embalmer's Statement on Reverse Side)

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 Leo C. Basler
Licensed Embalmer No. 1985
P. O. Address St. Lawrence 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.