. S. No. 2
M—1-4-41
v. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 28288

FILED SEP 11 1942

Registration District No. 3/9 — Primary Registration District No. 6079 — Registrar's No. 54

1. PLACE OF DEATH:

(a) County STE. GENEVIEVE

(b) City or town RURAL STE. GENEVIEVE TWP
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community .....

2. USUAL RESIDENCE OF DECEASED: 95

(a) State Missouri (b) County Ste. Genevieve Co.

(c) City or town Ste. Genevieve Co. Rural
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME JOSEPH J. ZERWIG

3. (b) If veteran, name war .....

3. (c) Social Security No. 486-28-6963

4. Sex MALE (1)

5. Color or race WHITE

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

6. (b) Name of husband or wife MARTHA WIPFLER

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased JAN (Month) 13 (Day) 1884 (Year)

8. AGE: Years 58 Months 7 Days 1 If less than one day ..... hr. ..... min.

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

10. Usual occupation FARMER

11. Industry or business .....

FATHER
12. Name ELI ZERWIG
13. Birthplace BLOOMSDALE (City, town, or county) MO (State or foreign country)

MOTHER
14. Maiden name FRANCIES WOLK
15. Birthplace STE. GENEVIEVE CO. (City, town, or county) MO (State or foreign country)

16. (a) Informant Mrs Martha Zerwig
(b) Address Ste. Genevieve Mo RR# 2

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof Aug 16/42 (Month) (Day) (Year)
(c) Place: burial or cremation BLOOMSDALE MO

18. (a) Signature of funeral director Leo C. Bauer
(b) Address Ste. Genevieve Mo

19. (a) Aug 15/42 (Date received local registrar) (b) T. W. Douglas (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day Friday 14th year 1942 hour 11 minute 52 A.M.

21. I hereby certify that I attended the deceased from July 21st 1942, 1942, to August 14th, 1942; that I last saw him alive on August 13th, 1942; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Mitral Incompetency — 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) .....
(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? .....
While at work? (Specify type of place) (e) Means of injury .....

23. Signature J. J. Lause (M. D. or other) D.C.
Address Ste. Genevieve, Mo. Date signed 8-17-42

#F

706 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 4
District File Number 942-1127
Date Filed 7-7-42

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 Lee C Barber

Licensed Embalmer No. 1955

P. O. Address Ste Genevieve 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.