

17441

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED JUN 8 1943

Registration District No. \_\_\_\_\_

Primary Registration District No. 180

Registrar's No. 5-99

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 Missouri Methodist Hospital  
(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)

3. (a) PRINT FULL NAME N. D. Ziehl

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

4. Sex MO 5. Color or race wh 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Mary Ziehl 6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased Oct 30 - 1864  
(Month) (Day) (Year)

8. AGE: Years 79 Months 6 Days 24 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Retired

11. Industry or business Former

12. Name John Ziehl

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

14. Maiden name Elizabeth Lindsey

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

16. (a) Informant Edgar Ziehl

(b) Address Palo MO

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-24-43 (Month) (Day) (Year)

(c) Place: burial or cremation Prayer Ridge

18. (a) Signature of funeral director Alspaugh Cowley

(b) Address Palo MO

19. (a) 5-24-43 (Date received local registrar) (b) Rose Henry (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Caldwell  
(c) City or town Palo (If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 24<sup>th</sup> year 1943 hour 8:30 PM minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from May 5, 1943, to May 24, 1943.  
that I last saw him alive on May 24, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Bacterial Pyelonephritis  
Hypertrophy of Prostate gland  
Due to \_\_\_\_\_

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

Major findings: Of operations as above  
Of autopsy \_\_\_\_\_

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 Chas. Grunberg M. D. or other \_\_\_\_\_  
Address St. Joseph MO Date signed 5/24/43

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**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.....

*D. A. Abspangh*

Licensed Embalmer No. ....

*2908*

P. O. Address.....

*Pols 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.**