

34197

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED NOV 3 1943

Registration District No. 78

Primary Registration District No. 5305

Registrar's No. ....

1. PLACE OF DEATH:

(a) County Cole

(b) City or town Rural *Sikester, Ind*  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Nearer Schuberts  
(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) 87yrs (Specify whether \_\_\_\_\_)

3. (a) PRINT FULL NAME Joseph Zeilmann

3. (b) If veteran, name war No

3. (c) Social Security No. No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Margaret Brandel Zeilmann

6. (c) Age of husband or wife if 83 years

7. Birth date of deceased April 5 1956  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>37</u>	<u>6</u>	<u>16</u>	.....hr. ....min.

9. Birthplace Richfountain, Mo. 0  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

12. Name John Zeilmann

13. Birthplace Richfountain, Mo. 0  
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Sax

15. Birthplace Germany 4  
(City, town, or county) (State or foreign country)

16. (a) Informant Charles Zeilmann

(b) Address Jefferson City, Mo. RFD#3

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/23/43  
(Month) (Day) (Year)

(c) Place: burial or cremation Toas, Mo. Cemetery

18. (a) Signature of funeral director Victor Bruescher

(b) Address Jefferson City, Mo.

19. (a) 10-23-43 (Date received local registrar) (b) Jacob [Signature] (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole

(c) City or town Rural  
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 21  
year 1943 hour 11:30 minute P M.

21. I hereby certify that I attended the deceased from Oct 19 1943 to Oct 21 1943  
that I last saw him alive on Oct 19 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
<u>Broncho pneumonia</u> <u>terminal</u>	<u>3 days</u>
Due to <u>Acute diarrhea</u> <u>intestinal infection</u>	<u>5 days</u>
Due to <u>Senility</u>	<u>5 yrs</u>

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 0

23. Signature James A. Hill (M. D. or other)  
Address Jefferson City Mo. Date signed Oct 22 43

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

MOTHER FATHER

**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..... *Victor Buescher* .....

Licensed Embalmer No...3701.....

P. O. Address..... Jefferson City 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.**