

ED NOV 3 1943

State File No. _____

Registration District No. 77

Primary Registration District No. 3016

Registrar's No. 217

1. PLACE OF DEATH:

(a) County Cole
(b) City or town Jefferson City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Mary's 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 85 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole
(c) City or town Jefferson City
(If outside city or town limits, write "RURAL")
(d) Street No. 416 1/2 East Capital Ave
(If rural, give location)
(e) Citizen of foreign country? yes (Yes or No)
If yes, name country A

3. (a) PRINT FULL NAME Mrs. Antonia Zuendt

3. (b) If veteran, name war _____ 3. (c) Social Security No. none

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife William M. Zuendt 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 23 1858
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
85 2 22 _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Christopher Wagger

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

14. Maiden name Elizabeth Wolfrum

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

16. (a) Informant _____

(b) Address Jefferson City, Missouri

17. (a) Burial (b) Date thereof Oct-18-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation River View Cemetery

18. (a) Signature of funeral director Thos. J. Goretz

(b) Address Jefferson City, Missouri

19. (a) 10-20-43 (b) Norma Richter
(Data received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 15
year 1943 hour 11:30 minute _____ P. M.

21. I hereby certify that I attended the deceased from 10-10-43 to 10-15-43
that I last saw h. u alive on 10-15-43
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to Pneumonia

Due to Fractured femur

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Fractured femur & pneumonia
Of operations _____
Of autopsy _____

Duration
4 days

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 Edw. Chadridge (M. D. or other) _____
Address _____ Date signed 10/18/43

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.....

Licensed Embalmer No.....

P. O. Address.....

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

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

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(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
In this community years, months or days)

3. (a) PRINT FULL NAME Ms. Antonia Zwendt
3. (b) If veteran, name war
3. (c) Social Security No.

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

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

7. Birth date of deceased July 22 1910
(Month) (Day) (Year)

8. AGE: Years 85 Months 2 Days 12 min. 0
If less than one day

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

10. Usual occupation

11. Industry or business

MOTHER FATHER { 12. Name

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

{ 14. Maiden name

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

16. (a) Informant (b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director (b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County
(c) City or town (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 July Year 1943 Hour 8:00 Minute 45 M.
21. I hereby certify that I attended the deceased from
that I last saw him alive on and that death occurred on the date and hour stated above.
Immediate cause of death

Due to Pneumonia
Due to Fracture femur
Other conditions (Include pregnancy within 3 months of death)

Duration

Major findings: Fract. of hip & mid 1/3 femur
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 at home (Specify type of place) (e) Means of injury trunk + fell
23. Signature M R Dedrick (M. D. or other) Address Jefferson City Mo Date signed 11/9/43

SUPPLEMENTARY

34498