V. S. No. 2
00M—5-43
ev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 12 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 19010

Registration District No. 378 Primary Registration District No. 3058 Registrar's No. 79

1. PLACE OF DEATH:
(a) County St Charles
(b) City or town St. Charles
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Joseph's Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Week (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Charles
(c) City or town St. Charles 92
(If outside city or town limits, write "RURAL")
(d) Street No. 227 N. Sixth Street 9
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 2
If yes, name country 0

3. (a) PRINT FULL NAME Herman Zumbehl
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed 2
6. (b) Name of husband or wife Wilhelmina Meyer
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased December 8, 1876 (Month) (Day) (Year)
8. AGE: Years 67 Months 4 Days 21 If less than one day hr. min.
9. Birthplace St. Charles, (City, town, or county) Missouri 0 (State or foreign country)
10. Usual occupation Retired
11. Industry or business
FATHER
12. Name Herman Zumbehl
13. Birthplace Unknown 9 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Katherine Moehlenkamp
15. Birthplace Unknown 9 (City, town, or county) (State or foreign country)
16. (a) Informant Edna Zumbehl
(b) Address St Charles, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 2, 1944 (Month) (Day) (Year)
(c) Place: burial or cremation Lutheran Cemetery
18. (a) Signature of funeral director [illegible]
(b) Address 326 N 6th St, St Charles, Mo
19. (a) MAY 2, 1944 (Date received local registrar) (b) Ernst C. Paul (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 29 year 1944 hour 7 minute 10 A. M.
21. I hereby certify that I attended the deceased from 4/23, 1944, to 4/29, 1944 that I last saw him alive on 4/29, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Lobar Pneumonia - Rt middle lobe	2 wks
Chronic Cardiac Decompensation	1 wk
Due to Essential Hypertension	?
Hypertensive heart disease	?
Due to	
Other conditions Diabetes Mellitus (Include pregnancy within 3 months of death)	?

Major findings:
Of operations No
Of autopsy No 61

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? No (Specify type of place)
While at work? (e) Means of injury
23. Signature R. D. Hayden (M. D. or other) MD
Address St. Charles, Mo Date signed 5/1-44

1340 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 6-8-44

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 Arthur C Bauer

Licensed Embalmer No. 3151

P. O. Address St Charles 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.