DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Registered 30583

State File No.

FILED SEP 22 1944

Registration District No. 12 Primary Registration District No. 10 Registrar's No. 921

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:
St. Joseph's Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 Days (Hospital
(Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan 11

(c) City or town San Antonio Mo. 0
(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 Frank Zug

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife

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

7. Birth date of deceased March (Month) 22 (Day) 1874 (Year)

8. AGE: Years 70 | Months 5 | Days 26 | If less than one day hr. min.

9. Birthplace San Antonio (City, town, or county) 0 Missouri. (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER

12. Name Joseph Zug 1/4

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

14. Maiden name Mary Kessler

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

16. (a) Informant Mrs. Dora Jung

(b) Address Cosby, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 20, 44 (Month) (Day) (Year)

(c) Place: burial or cremation St. Mary's Cemetery

18. (a) Signature of funeral director Herman W. Sidenfaden

(b) Address 1802 Union St. St. Joseph, Mo.

19. (a) 9/20/44 (Date received local registrar) (b) Helen L. Pickle (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September Day 18
year 1944 hour 12 minute 55 P. M.

21. I hereby certify that I attended the deceased from Sept 9, 1944 to Sept 18, 1944;
that I last saw h— alive on Sept 18, 1944;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Ruptured duod ulcer.	8/17/44
Due to: Duod ulcer -	?
Due to:	
Other conditions (Include pregnancy within 3 months of death): Hemorrhage Int. Cirrhosis of Pancreas - Ch. Pericard	9/18/44
Major findings of operations:	
Of autopsy: Same. 9 30	

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?
(Specify type of place)
While at work? (e) Means of injury 0

23. Signature Frank L. Ludgen (M. D. or other)
Address 620 Francis Date signed 9/18/44

1377

(Licensed Embalmer's Statement on Reverse Side)

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

Form U. S. No. 2
Rev. 10M—8-43
Rev. 5-17-39
Form I X37823

DEC 3 1956

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 Robert H Reed

Licensed Embalmer No. 3745

P. O. Address St Joseph 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.