

FILED OCT 6 1944

Registration District No. **47**

Primary Registration District No. **3008**

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

14
6
2

1. PLACE OF DEATH:
(a) County Lalloway
(b) City or town Fulton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hospital 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 284-2M-23d
(Specify whether years, months or days)
In this community 284-2M-123d

3. (a) PRINT FULL NAME Frank Zoeller
3. (b) If veteran, name war _____ **3. (c) Social Security No.** _____

4. Sex M **5. Color or race** W **6. (a) Single, widowed, married, divorced** widower
6. (b) Name of husband or wife _____ **6. (c) Age of husband or wife if alive,** years _____

7. Birth date of deceased MAR. 29 1876
(Month) (Day) (Year)

8. AGE: Years 68 Months 5 Days 21 If less than one day hr. _____ min. _____

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER
12. Name John Zoeller #
13. Birthplace Hermann #
(City, town, or county) (State or foreign country)
14. Maiden name Caroline Peiper
15. Birthplace St. Louis, Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Wm Feil
(b) Address 204 Schiller St. Hermann, Mo.

17. (a) Removal (b) Date thereof 9-19-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation City Center Hermann

18. (a) Signature of funeral director Step Blumber
(b) Address Hermann, Mo.

19. (a) 9-19-1944 (b) James Morosoff
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Gasconade
(c) City or town Hermann 14
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) 1
2
(e) Citizen of foreign country? YES (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 19th
year 1944 hour 6:45 minute 0 M.

21. I hereby certify that I attended the deceased from 6-25 1944 to 8-19 1944
that I last saw him alive on 8-18 1944
and that death occurred on the date and hour stated above.

Immediate cause of death myocarditis, chronic **Duration** months
Due to Generalized Arteriosclerosis ?

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

Major findings: Of operations 9/21 **PHYSICIAN**
Of autopsy _____
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) _____
Means of injury 0
Signature J.B. Stokes (M. D. or other)
Address Fulton, Mo. Date signed 9-19-44

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 10-5-44

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.....

Charles W. Pope

Licensed Embalmer No. 2552

P. O. Address Herman, 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.