

S. No. 2
M-8-43
5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38683

State File No.

FILED DEC 15 1944

Primary Registration District No. 3058

Registrar's No. 168

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

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 Hospital
(If not in hospital or institution, write street number or location) 0

(d) Length of stay: In hospital or institution. 1 day (Specify whether)

In this community years, months or days

3. (a) PRINT FULL NAME Hurley Zumwalt

3. (b) If veteran, name war None

3. (c) Social Security No. 341-14-8109

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife. Grace Long 6. (c) Age of husband or wife if alive 35 years

7. Birth date of deceased. February 7, 1905
(Month) (Day) (Year)

8. AGE: Years 39 Months 9 Days 6 If less than one day
hr. min.

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

10. Usual occupation. Machinist

11. Industry or business

MOTHER FATHER { 12. Name. Samuel Zumwalt

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

14. Maiden name. Rosa Bouyea

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

16. (a) Informant Mrs Grace Zumwalt

(b) Address. St Charles Mo

17. (a) Removal (b) Date thereof. Nov. 16, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Bellevue, Illinois

18. (a) Signature of funeral director. HACKMAN - Dan

(b) Address. 326 N. 6th St. St. Charles Mo

19. (a) Nov 16, 1944 (b) Ernest G. Paul
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Charles

(c) City or town St. Charles
(If outside city or town limits, write "RURAL")

(d) Street No. 210 S. Kingshighway
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country 1)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 13
year 1944 hour 8 minute 0 P.M.

21. I hereby certify that I attended the deceased from 5/13, 1944 to 11/13, 1944
that I last saw him alive on 11/13, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death. Cerebral apoplexy

Due to Subacute Lymphatic Leukemia

Due to Cardiac (Coronary) infarction

Other condition ?
(Include pregnancy within 3 months of death)

Duration 12 hours

2 weeks

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings: Of operations 74a

Of autopsy Leukemic infiltration of Liver, Kidneys, spleen, heart

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 Robert Taylor (M. D. or other) MD
Address St. Charles Mo Date signed 11-15-44

DEC 18 1944

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 12-14-44

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 E. Bane

Licensed Embalmer No. 3154

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.