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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED DEC 4 1945

State File No. 36705

Registration District No. ____ Primary Registration District No. 1000 Registrar's No. 1246

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

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: none in route to hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none
In this community Since 1910
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. Rt. #6
(If rural, give location)
(e) Citizen of foreign country? none (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Joseph M. Zembles

3. (b) If veteran, name war none

3. (c) Social Security #487-07-1719

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife None Mary

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

7. Birth date of deceased Sept. 12, 1889 (Month) (Day) (Year)

8. AGE: Years 56 Months 2 Days 7 If less than one day ____ hr. ____ min.

9. Birthplace Warma Lithuania 8
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business Armour & Co.

MOTHER FATHER

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Ann Pendergast
(b) Address 723 Alabama, St. Joseph Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/23/45 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olivet Cemetory

18. (a) Signature of funeral director Rupp Funeral Home
(b) Address 6054 Pryor St. Joseph Mo.

19. (a) 10-24-45 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 19th
year 1945 hour 11:45 minute A. M.

21. I hereby certify that I attended the deceased from March 26, 1945 to Nov. 19, 1945; that I last saw him alive on Nov. 18, 1945; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Occulsion	1 hour
Due to: Coronary Sclerosis	2 years
Due to: Generalized "	3 years
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations q to
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature B. M. Tyler (M. D. or other) M. D.
Address 6207 Olney Hill Date signed

1428 (Licensed Embalmer's Statement on Reverse Side) St Joseph, Mo 11-20-45

DEC 13 1945

OCT 9 1945

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 Mollie E. Sedenfaden Jr

Licensed Embalmer No. 4235

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.