

No. 2
1-2-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. **12187**

Registration District No. **38**

Primary Registration District No. **3006**

Registrar's No. **93**

1. PLACE OF DEATH:

(a) County **Bonne**

(b) City or town **Columbia**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
613 S. 4th St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community **7 Years** years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Boone**

(c) City or town **Columbia**
(If outside city or town limits, write "RURAL")

(d) Street No. **613 S. 4th St.**
(If rural, give location)

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

3. (a) PRINT FULL NAME **ADOLPH ZECH**

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex **Male** 5. Color or race **White**

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

6. (b) Name of husband or wife **Marie Germaine Zech**

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

7. Birth date of deceased **10 - 17 - 1897**
(Month) (Day) (Year)

8. AGE: Years **48** Months **5** Days **27**
If less than one day hr. _____ min. _____

9. Birthplace **Prussia Germany**
(City, town, or county) (State or foreign country)

10. Usual occupation **Professor of German - University of Missouri**

11. Industry or business _____

MOTHER FATHER { 12. Name **Unknown**

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

14. Maiden name **Unknown**

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

16. (a) Informant **Mrs. F.S. Bromberger**

(b) Address **815 College Ave., Columbia, Mo.**

17. (a) **Cremation** (b) Date thereof **4-16-46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Louis, Mo.**

18. (a) Signature of funeral director **Parker Funeral Service**
Columbia, Mo.

(b) Address _____

19. (a) **4-16-46** (b) **Mrs. R.E. Palmer**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **14**
year **1946** hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h _____ alive on _____, 19____,
and that death occurred on the date and hour stated above.

Immediate cause of death **Gunshot wound**

Duration _____

Due to _____

Due to **Self inflicted**

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

Major findings:
Of operations **None**

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) **Suicide**

(b) Date of occurrence **April 14-1946**

(c) Where did injury occur? **Columbia Boone Mo**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home

While at work? _____ (Specify type of place)
(e) Means of injury **Car over 3**

23. Signature **J. J. [unclear]** **Coroner 3**
Address **Columbia Mo** Date signed **4-15-46**

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

11000

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 5-4-46

APR 27 1946

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 Frank T. Lang

Licensed Embalmer No. 41321

P. O. Address Columbia, 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.