

**FILED MAR 6 1947**

Registration District No. 111

Primary Registration District No. 5426

Registrar's No. 69

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

36  
80

1. PLACE OF DEATH:

(a) County Franklin

(b) City or town Labadie Mo. Rural  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1

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

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin

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

(d) Street No. Rural  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Ernst Zumsteg

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 26<sup>th</sup> year 1947 hour 10 minute a. 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 \_\_\_\_\_

4. Sex Male(s)

5. Color or race white

6. (a) Single, widowed, married, divorced single (1)

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased Nov. 7, 1873  
(Month) (Day) (Year)

Duration \_\_\_\_\_

Coronary Thrombosis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

8. AGE:	Years	Months	Days	If less than one day
	<u>73</u>	<u>3</u>	<u>19</u>	hr. _____ min.

Major findings:  
Of operations \_\_\_\_\_

Of autopsy 947

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

10. Usual occupation Laborer

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Unk.

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

14. Maiden name Unk

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

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant Alice Kierspe

(b) Address 3950 Maffitt Ave.

17. (a) Burial (b) Date thereof Mar. 1, 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Sullivan Bros.

(b) Address 2849 No. Euclid

19. (a) Mar. 1-47 (b) Mary B Green  
(Date received local registrar) (Registrar's signature)

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 3

23. Signature E. F. Oltram Coroner  
(Registrar's signature) (Officer's signature)

Address Union Mo. Date signed 2/24/47

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