No. 2
-1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 12 1948
Registration District No. 42

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

F 40992
State File No.

Primary Registration District No. 1000

Registrar's No. 1557

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph 2
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Mo. Meth. Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 hours (Specify whether
In this community Life years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan 11
(c) City or town St. Joseph 1.
(If outside city or town limits, write "RURAL")
(d) Street No. 612 Locust St. 7 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Helen Laverne Zeiber
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased April 27 1947 (Month) (Day) (Year)

8. AGE: Years 0 Months 8 Days 4 If less than one day hr. min.

9. Birthplace St. Joseph (City, town, or county) Missouri (State or foreign country)
10. Usual occupation None
11. Industry or business Infant
FATHER
12. Name Harry Zeiber
13. Birthplace St. Joseph (City, town, or county) Missouri (State or foreign country)
MOTHER
14. Maiden name Stella Francis Tracy
15. Birthplace Richmond (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Harry Zeiber
(b) Address St. Joseph, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/3/48 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park
18. (a) Signature of funeral director Heaton-Bowman
(b) Address St. Joseph, Mo.
19. (a) 1-6-48 (Date received local registrar) (b) E. L. Jenkins (Registrar's signature) 382

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 31
year 1947 hour 10 minute 30 P.M.

21. I hereby certify that I attended the deceased from Dec 31 1947 to Dec 31 1947
that I last saw her alive on Dec 31 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Bronchopneumonia	6 da
Due to:	
Due to:	
Other conditions: Chronic Malnutrition (Include pregnancy within 3 months of death)	6 mos

Major findings:
Of operations 0
Of autopsy

PHYSICIAN

Underline the cause of 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 0

23. Signature W. Roger Moore M.D. (M.D. or other)
Address St Joseph Mo Date signed 1/3/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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.....
Wm. Spalding, Registered Apprentice No. 28,
working under my personal supervision.

Signed Eugene Wood

Licensed Embalmer No. 3804

P. O. Address 319 So 10th 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.