

S. No. 2
M-5-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 3 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7473**
Registrar's No. **15**

Registration District No. **219**

Primary Registration District No. **6079**

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

1. PLACE OF DEATH:

(a) County STE. GENEVIEVE

(b) City or town STE. GENEVIEVE, MO.
(If outside city or town limits, write "RURAL," and name of township)

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County STE. GENEVIEVE

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

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

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

3. (a) PRINT FULL NAME Frances Zerwig

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 1. Color or race W.

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

6. (b) Name of husband or wife ELI ZERWIG 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Aug 4 1862
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 20
year 1948 hour 3 minute _____ P.M.

21. I hereby certify that I attended the deceased from Feb 13
1948 to Feb 20 1948

that I last saw her alive on Feb 13 1948
and that death occurred on the date and hour stated above

8. AGE:

Years	Months	Days	If less than one day
<u>86</u>	<u>6</u>	<u>16</u>	hr. _____ min. _____

Immediate cause of death Acute Coronary Sclerotic

Due to Arterial Hypertension

Due to Chronic Myocarditis

Arterio Sclerosis

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

9. Birthplace Ste Genevieve Co., Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business

12. Name Ranick Walk

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

14. Maiden name WALBURGA PALMER

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

PHYSICIAN

Major findings:
Of operations _____

Of autopsy _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Frank A. Zerwig

(b) Address Ste. Genevieve Mo

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? _____

17. (a) BURIAL (b) Date thereof 2-22-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation BLOOMSDALE MO.

While at work _____ (Specify type of place)

(c) Means of injury _____

18. (a) Signature of funeral director Geo. C. Baskin

(b) Address Ste. Genevieve Mo

23. Signature Dr. J. J. Clapp (M. D. or other) _____

Address Ste. Genevieve Mo Date signed 2-21-48

19. (a) 2-25-48 (b) Laura M. Gail
(Date received local registrar) (Registrar's signature)

RECEIVED

Officer No. 4

348-299

3-2-48

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 Geo. C. Basker

Licensed Embalmer No. 1985

P. O. Address St. Lawrence 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.