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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25835

FILED SEP 13 1948

Registration District No. 88

Primary Registration District No. 4151

Registrar's No. 14

1. PLACE OF DEATH:

(a) County Crawford

(b) City or town Steelville
(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 5 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Crawford 28

(c) City or town Steelville 2
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Anna Margaret Zorn

3. (b) If veteran, name war - - -

3. (c) Social Security No. - - -

4. Sex female

5. Color or race White

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

6. (b) Name of husband or wife Emil

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

7. Birth date of deceased September 25, 1869
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
78	10	16	hr. min.

9. Birthplace St. Louis, Missouri. 0
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business

FATHER
12. Name John Oswald
13. Birthplace Germany. 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Barbara Herman
15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Alice Richters
(b) Address Steelville, Missouri.

17. (a) burial (b) Date thereof 8/14/48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Steelville, Mo.

18. (a) Signature of funeral director Thomas S. Halbert
(b) Address Steelville, Mo.

19. (a) 9-2-48 (b) [signature] 16
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 11
year 1948 hour 10.45 minute A. M.

21. I hereby certify that I attended the deceased from Aug, 1944 to Aug 9, 1948
that I last saw her alive on Aug 9, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocardial failure	1 hr.
Due to Coronary thrombosis	3 months
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
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

23. Signature William H. Robey 2 DO
(M.D. or other)
Address Steelville Mo. Date signed 8/23/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 9-4-48
District Health Officer No. 5,
District File Number 948544
Date Filed 9-7-48

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 Thomas S. Halbert

Licensed Embalmer No. 4332

P. O. Address Steelville, Missouri

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.