

No. 2
-12-45
5-17-39
X47070

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30747

FILED OCT 2 1948

State File No. _____

Registration District No. 378

Primary Registration District No. 3058

Registrar's No. 189

1. PLACE OF DEATH:

(a) County St. Charles

(b) City or town St. Charles

(c) Name of hospital or institution 626 South 6th St. 1
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution none
(Specify whether years, months or days)

In this community 7 Years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Barbara Zeyen

3. (b) If veteran, name war _____

3. (c) Social Security No. None

4. Sex F / 5. Color or race W

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

6. (b) Name of husband or ~~XX~~

6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased Feb. 12, 1876
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>72</u>	<u>6</u>	<u>9</u>	hr. min.

9. Birthplace: St. Charles, Co.
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business _____

12. Name Fred Weyrauch

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

14. Maiden name Susin Pendleton

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

16. (a) Informant Miss Edna Butler

(b) Address St. Charles

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-23-48
(Month) (Day) (Year)

(c) Place: burial or cremation Howell Cem

18. (a) Signature of funeral director Wm. J. ...

(b) Address Wentzville mo

19. (a) Sept 23-48 (Date served local registrar)

Barbara Zeyen (Registrar's signature) 184

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Charles

(c) City or town St. Charles
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 21
year 1948 hour 3 minute 0 P.M.

21. I hereby certify that I attended the deceased from 12-3, 1947, to 8-21, 1948
that I last saw her alive on 8-21-48 and that death occurred on the date and hour stated above.

Immediate cause of death CORONARY THROMBOSIS

Due to ARTERIO SCLEROSIS

Duration 30 Minutes

10 yrs.

Due to _____

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

Major findings:
Of operations _____
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) _____

(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 _____ Means of injury _____

23. Signature Wm. J. ... (M. D. or other) MD
Address 114 N. Main St. Charles Date signed 8-23-48

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

MOTHER-FATHER

Date Filed OCT 1 1948
District File Number

District Health Officer No. 9

RECEIVED

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 Maria Muehling
Licensed Embalmer No. 2461
P. O. Address Wentzville, 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.