

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 19876BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 114 PRIMARY REG. DIST. NO. 5432 Registrar's No. 26

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u>		
b. CITY (If outside corporate limits, write RURAL and give town OR TOWN <u>Rural Meramec Tws</u> )		c. LENGTH OF STAY (in this place) township) <u>11 yrs.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Meramec Township</u>		0360
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Sullivan, Mo. R 2</u>			d. STREET ADDRESS (If rural, give location) <u>Sullivan, Mo. R 2</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Henry</u>		b. (Middle) <u>Edward</u>	c. (Last) <u>Zerr</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>June 24, 1950</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct. 28, 1870</u>	9. AGE (In years last birthday) <u>79</u>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salesman Retired</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Lather Goods</u>	11. BIRTHPLACE (State or foreign country) <u>St. Charles Co., Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>unknown</u>		13b. MOTHER'S MAIDEN NAME <u>unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Minnie A. Zerr</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>491-12-9027</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Minnie A. Zerr</u>		ADDRESS <u>Sullivan,</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 hour</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) <u>rise to the above cause (a) stating the underlying cause last.</u>				
	DUE TO (c) _____				
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				4:01
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>natural</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>none</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Meramec Township Franklin Mo.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>8:30 a.</u> m., from the causes and on the date stated above.					
23a. SIGNATURE <u>Miss. P. Stoffer</u> (Degree or title) <u>Coroner</u>			23b. ADDRESS <u>Sullivan, Missouri</u>		23c. DATE SIGNED <u>6/24/50</u>
24a. BURIAL / CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>6/26/50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Bethel Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Pond Missouri</u>	
DATE REC'D BY LOCAL REG. <u>6-26-1950</u>	REGISTRAR'S SIGNATURE <u>Ed. Brantley 970</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Miss. P. Stoffer MO</u> ADDRESS		

RECEIVED  
JUL 5 1950  
District Health Officer No. 9,  
District File Number

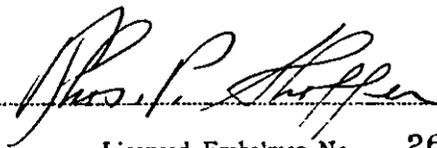
**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Student Embalmer

Signed 

Licensed Embalmer No. 2692

P. O. Address Sullivan, 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.