

FILED SEP 20 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31455

State File No.

BIRTH NO.		REG. DIST. NO. 306		PRIMARY REG. DIST. NO. 6048		Registrar's No. 14	
1. PLACE OF DEATH a. COUNTY ST. CHARLES				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY ST. CHARLES			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN O'FALLON RURAL		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN O'FALLON RURAL		0920	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) 0			
3. NAME OF DECEASED (Type or Print)		a. (First) JOSEPH		b. (Middle) F.		c. (Last) ZERR	
4. DATE OF DEATH		(Month) SEPT		(Day) 2		(Year) 1950	
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, SEPARATED		8. DATE OF BIRTH SEPT. 29 - 1875	
9. AGE (In years last birthday) 74		IF UNDER 1 YEAR Months - Days -		IF UNDER 1 WEE. Hours - Min. -			
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) FARMING		10b. KIND OF BUSINESS OR INDUSTRY RETIRED		11. BIRTHPLACE (State or foreign country) ST. PETERS MO		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME LOUIS ZERR		13b. MOTHER'S MAIDEN NAME SCHNEIDER		14. NAME OF HUSBAND OR WIFE GERTRUDE ZERR DECH			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS LEO J. ZERR, ST. PETER, MO			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic myocarditis + anemia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized arteriosclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 4221	
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)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from July 26 , 1950, to Sept 2 , 1950, that I last saw the deceased alive on Sept 2 , 1950, and that death occurred at 3:20 p. m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) George R. Sasaki, M.P.O.		23b. ADDRESS O'Fallon, Mo.		23c. DATE SIGNED 9-5-50			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE SEPT. 5 - 1950		24c. NAME OF CEMETERY OR CREMATORY ASSUMPTION		24d. LOCATION (City, town, or county) (State) O'FALLON MO	
DATE REC'D BY LOCAL REG. Sept 5 - 50		REGISTRAR'S SIGNATURE E. A. Keithley		25. FUNERAL DIRECTOR'S SIGNATURE E. A. Keithley		ADDRESS O'Fallon Mo	

(Licensed Embalmer's Statement on Reverse Side)

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

920
1

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.

Signed _____

E. K. Smith

Signed _____

Student Embalmer

Licensed Embalmer No. 877

P. O. Address Fallow Md

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.