No. 300
10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31207

FILED SEP 19 1951

BIRTH NO. _____ REG. DIST. NO. 30 PRIMARY REG. DIST. NO. 3058 Registrar's No. 182

923

1. PLACE OF DEATH
a. COUNTY: St. Charles
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Charles
c. LENGTH OF STAY (In this place): 9 Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 626 S. 6th ST

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: St. Charles
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST. CHARLES. MO. 0923
d. STREET ADDRESS (If rural, give location): 626 S. 6th.

3. NAME OF DECEASED (Type or Print)
a. (First): Nicholas
b. (Middle): Richard
c. (Last): Zeyen

4. DATE OF DEATH (Month) (Day) (Year): Sept 8, 1951

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Jan, 28, 1870
9. AGE (In years last birthday): 80 — IF UNDER 1 YEAR: Months 7, Days 11 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming
10b. KIND OF BUSINESS OR INDUSTRY: RETIRED.
11. BIRTHPLACE (State or foreign country): Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Nicholas Zeyen
13b. MOTHER'S MAIDEN NAME: Margaret Muschany
14. NAME OF HUSBAND OR WIFE: Barbara (Weyrauch) Sutton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Mrs Edna Sutton
ADDRESS: St. Charles

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 5 hrs.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Hypertension — 3 yrs.

DUE TO (c) Advanced Arteriosclerosis — 10 yrs.

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 331x
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9-24-48, 19____, *to* 9-8-51, 19____, *that I last saw the deceased alive on* 9-8, 19 51, *and that death occurred at* 6 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M.D.
23b. ADDRESS: 114 North Main St. St. Charles, Mo.
23c. DATE SIGNED: 9-10-51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9-10-51
24c. NAME OF CEMETERY OR CREMATORY: Hamell
24d. LOCATION (City, town, or county) (State): St Charles Co Mo

DATE REC'D BY LOCAL REG.: 9-11-51
REGISTRAR'S SIGNATURE: Hannie Hamilton 284
25. FUNERAL DIRECTOR'S SIGNATURE: Morris Muschany
ADDRESS: Wentzville

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
SEP 17 1951
DISTRICT HEALTH OFFICE No. 4
File No.

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 Marvin Meacham

Licensed Embalmer No. 2469

P. O. Address Westmoreville

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.