

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **27283**

BIRTH NO. _____		REG. DIST. NO. <u>12</u>		PRIMARY REG. DIST. NO. <u>1000</u>		Registrar's No. <u>916</u>	
1. PLACE OF DEATH a. COUNTY <u>Buchanan</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u> c. LENGTH OF STAY (in this place) <u>1 mo 29 day</u> d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Missouri Methodist Hospital</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u> d. STREET ADDRESS (If rural, give location) <u>2236 Francis St.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Nellie</u> b. (Middle) <u>M.</u> c. (Last) <u>Zeidler</u>		4. DATE OF DEATH (Month) <u>August</u> (Day) <u>28</u> (Year) <u>1952</u>		5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widow</u>		8. DATE OF BIRTH <u>September 25, 1879</u>		9. AGE (in years last birthday) <u>72</u>		10. UNDER 1 YEAR Months <u>2</u> Days <u>2</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>President</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Concrete Products Co.</u>		11. BIRTHPLACE (State or foreign country) <u>Troy, Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Frank -unk- C. Hoffmeier</u>		13b. MOTHER'S MAIDEN NAME <u>-unk- Matilda Nelson</u>		14. NAME OF HUSBAND OR WIFE <u>John L.</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>unk.</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Edith Bloom</u> ADDRESS <u>2236 Francis, St. Joseph, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line (a), (b), and (c) <i>This does not mean the mode of dying, such as suffocation, asphyxia, etc. It means the disease, injury, or complication which caused death.</i> <u>Paralysis from Subacute Combined Degeneration</u> <u>Pernicious Anemia</u> <u>Polynuritis</u>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Subacute Combined Degeneration</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause, (a) stating the underlying cause last. DUE TO (b) <u>Pernicious Anemia</u> DUE TO (c) <u>Polynuritis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Polynuritis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 Mo</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? <u>2900</u> 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 <u>6-6</u> , 19 <u>52</u> to <u>8-28</u> , 19 <u>52</u> that I last saw the deceased alive on <u>8-28</u> , 19 <u>52</u> and that death occurred at <u>6:00</u> p.m., from the causes and on the date stated above.							
23a. SIGNATURE <u>John S. Kirk M.D.</u> (Degree or title)		23b. ADDRESS <u>Phys & Surgs Bldg St Joseph, Mo.</u>		23c. DATE SIGNED <u>8-29-52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>8/30/1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>SEP. 4, 1952</u>		REGISTRAR'S SIGNATURE <u>Carl C. Cash</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Heaton - Bowman Funeral Home</u> ADDRESS <u>St. Joseph, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

1953

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 _____

Eugene Wood

Licensed Embalmer No. *3804*

P. O. Address *319 So 10th St, Joseph, 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.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Mo.
County of Buch. } ss.

State File No. 2723352
Local Registrar's No. 916

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 7th day of April, 1953, before me appears Mrs. Edith L. Bloom, who, upon her oath, states that the original record of death for Nellie M. Zeidler died Aug. 28, 1952 in the State of Missouri, and which was filed at St. Joseph on Sept. 4, 1952, should be corrected as follows:

Item No. _____ should read _____

Instead of _____

Item No. 13a should read Frank C. Hoffmeier

Instead of Unknown

Item No. _____ should read _____

Instead of _____

Item No. 13 b should read Matilda Nelson

Instead of Unknown

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Mrs. Edith L. Bloom Sister
Relationship.

2236 Francis St., St. Joseph,
Present Address.

Subscribed and sworn to before me this 7th day of April, 1953.

My Commission Expires Nov. 3, 1956

Greg P. Belmont Notary Public.

1952

5-27283