

No. 300
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FILED DEC 19 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40049**

BIRTH NO. _____ REG. DIST. NO. **77** PRIMARY REG. DIST. NO. **3016** Registrar's No. **359**

1. PLACE OF DEATH
a. COUNTY **Cole**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE **Missouri** b. COUNTY **Cole**

b. CITY (If outside corporate limits, write RURAL and give township)
Jefferson City

c. CITY-OR TOWN **Jefferson City**
d. In Residence within limits of a city or incorporated town?
Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION
St. Mary's Hospital

e. STREET ADDRESS (If rural, give location)
115 Madison Street

3. NAME OF DECEASED
a. (First) **Gletus** b. (Middle) **Victor** c. (Last) **Zuber**

4. DATE OF DEATH (Month) (Day) (Year)
Dec. 14, 1955

5. SEX
Male

6. COLOR OR RACE
White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
Divorced

8. DATE OF BIRTH
Aug. 20, 1884

9. AGE (In years last birthday) **71**
IF UNDER 1 YEAR: Months _____ Days _____
IF UNDER 10 HRS. Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Banker

10b. KIND OF BUSINESS OR INDUSTRY
Banking

11. BIRTHPLACE (City and State or Foreign Country)
Jefferson City, Missouri

12. CITIZEN OF WHAT COUNTRY?
USA

13a. FATHER'S NAME
Victor Zuber

13b. MOTHER'S MAIDEN NAME
Louise Brenneisen

14. NAME OF HUSBAND OR WIFE
Lottie Zuber

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.
490-09-5324

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
John B. Sturm, Jefferson City, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____
Courtesy Anesthesis
ANTECEDENT CAUSES
Morbid conditions, if any, giving DUE TO (b) _____
rise to the above cause (a) stating the underlying cause last.
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
4201

INTERVAL BETWEEN ONSET AND DEATH
2 days

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

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)

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 **11/10/55** to **2/14/56**, that I last saw the deceased alive on **2-13-55**, 19**55**, and that death occurred at **5:12 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)
David Embert

23b. ADDRESS
Jefferson City, Mo.

23c. DATE SIGNED
12/14/55

24a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

24b. DATE
Dec. 16, 1955

24c. NAME OF CEMETERY OR CREMATORY
St. Peter's Cemetery

24d. LOCATION (City, town, or county) (State)
Jefferson City, Missouri

DATE REC'D BY LOCAL REG.
14 Dec 1955

REGISTRAR'S SIGNATURE
R.P. Harris

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
George J. Leuten. Jefferson City, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

MAR 14 1953

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb
by me, or by Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Joseph J. Ordway*

Licensed Embalmer No. *124*
P. O. Address *Jeff City*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.