

FILED DEC 19 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 41704

BIRTH NO.		REG. DIST. NO. 310	PRIMARY REG. DIST. NO. 3058	Registrar's No. 22
1. PLACE OF DEATH a. COUNTY Saint 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 Saint Charles		c. LENGTH OF STAY (in this place) 6 weeks	c. CITY OR TOWN S.T. Charles	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Saint Joseph's Hospital		e. STREET ADDRESS (If rural, give location) R.R. # 4, Box 442		
3. NAME OF DECEASED (Type or Print) a. (First) Hazel		b. (Middle) Z.	c. (Last) Zerban	4. DATE OF DEATH (Month) (Day) (Year) Dec. 14, 1955
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 12, 1916	9. AGE (in years last birthday) 39
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY own	11. BIRTHPLACE (City and State or Foreign Country) Saint Louis, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME James A. Stroud		13b. MOTHER'S MAIDEN NAME Bertha Schmidt	14. NAME OF HUSBAND OR WIFE Everett Zerban	
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. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Everett Zerban, St. Charles Co., 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) Pulmonary embolism ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Ruptured spleen DUE TO (c) Pneumonia II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Toxic thyroidism		INTERVAL BETWEEN ONSET AND DEATH 12/15/55 11/6/55 11/12/55 10 yrs.
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION none		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT (Specify) <del>Accident</del> HOMEKIDNAP	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St Charles Mo		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 11 6 55 m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? auto accident		
22. I hereby certify that I attended the deceased from 11/6, 1955, to 12/14, 1955, that I last saw the deceased alive on 12/14, 1955, and that death occurred at 9:00 m., from the causes and on the date stated above.				
23a. SIGNATURE D.L. Neuberger M.D.		23b. ADDRESS (Degree or title) 206 Wash. St. Charles, Mo.		23c. DATE SIGNED 12/16/55
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Dec. 17, 1955	24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery	24d. LOCATION (City, town, or county) (State) Saint Louis Co., Mo.	
DATE REC'D BY LOCAL REG. DEC 17 1955	REGISTRAR'S SIGNATURE 294-0 Hannie Hamilton	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W.C. Dalbey & Son, St. Charles, Mo.		

(Licensed Embalmer's Statement on Reverse Side)

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

APR 27 1958

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**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.....  
Signature of Student Embalmer

Signed.....  
Licensed Embalmer No.....  
P. O. Address.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.