No. 300
10-48

FILED MAR 4 1957

# STANDARD CERTIFICATE OF DEATH

State File No. 5899

BIRTH NO. _____ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 78

**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): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph Hospital

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St. Charles
c. CITY OR TOWN: ST. Charles 0923
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 1105 Vine Street

**3. NAME OF DECEASED** (Type or Print)
a. (First): Peter
b. (Middle): H.
c. (Last): Zeyen

**4. DATE OF DEATH** (Month) (Day) (Year): Feb. 18, 1957

**5. SEX**: Male
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Widowed 2
**8. DATE OF BIRTH**: Nov. 20, 1876
**9. AGE** (In years last birthday): 80 — If under 1 year: Months 2, Days 28; If under 24 hrs.: Hours, Min.
**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Laborer
**10b. KIND OF BUSINESS OR INDUSTRY**: Gen. Construction
**11. BIRTHPLACE** (City and State or Foreign Country): St. Charles Co, 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**: —
**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.**: —
**17. INFORMANT'S SIGNATURE OR NAME**: Myrtle Schneider
**ADDRESS**: St. Charles, 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, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Cerebral thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Cerebral arteriosclerosis
DUE TO (c) Generalized arteriosclerosis

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**: 332X
**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* Jan 4, 1957, *to* Feb. 18, 1957, *that I last saw the deceased alive on* Feb. 18, 1957, *and that death occurred at* 2:10 P m., *from the causes and on the date stated above.*

**23a. SIGNATURE**: Eugene J. Cantz
(Degree or title): M.D.
**23b. ADDRESS**: St. Charles Mo
**23c. DATE SIGNED**: Feb 20 1957

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: Feb. 21, 1957
**24c. NAME OF CEMETERY OR CREMATORY**: Hamburg Cemetery
**24d. LOCATION** (City, town, or county) (State): St. Charles Co. Mo.

**DATE REC'D BY LOCAL REG.**: FEB 26 1957
**REGISTRAR'S SIGNATURE**: Marcella Wilson
**25. FUNERAL DIRECTOR'S SIGNATURE**: Morris Muschany
**ADDRESS**: Wentzville, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

40
0

MAR 12 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Howard O Kessler

Licensed Embalmer No. 46

P. O. Address Westville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.