

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-61-028486

AMENDED

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 900

STATE FILE NUMBER

FILED SEP 11 1961

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, give TOWNSHIP only) St. Joseph		c. CITY OR TOWN St. Joseph	
Length of stay in 1b life		Inside Limits Yes ☒ No ☐	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2409 Francis St.		d. STREET ADDRESS (If outside, give location) 2409 Francis St.	
Inside Limits Yes ☒ No ☐		Reside on Farm Yes ☐ No ☒	
3. NAME OF DECEASED (Type or print) First MIDDLE LAST FREDERICK ZERBST		4. DATE OF DEATH Month Day Year September 4, 1961	
5. SEX male	6. COLOR OR RACE white	7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐	8. DATE OF BIRTH 3/24/1877
9. AGE (last birthday) 84		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired chipping clerk	
10b. KIND OF BUSINESS OR INDUSTRY Pharmaceutical Co.		11. BIRTHPLACE (City and state or country) St. Joseph, Mo.	
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME William Zerbst	
13b. MOTHER'S MAIDEN NAME unknown		14. NAME OF HUSBAND OR WIFE Christine	
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. unknown	
17. INFORMANT Mrs. William Handley, 2409 Francis St. Joseph		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infarction DUE TO (b) Coronary Arteriosclerosis DUE TO (c) ? Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH Instant	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown	
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒	20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 9-4-61, to 9-4-61 and last saw him alive on Dead ex arrangement. Death occurred at 8:00 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE H.C. Senne MD (Degree or title)		22b. ADDRESS 223 N 7th St. Joseph, Mo.	
22c. DATE SIGNED 9-6-61		23a. BURIAL, CREMATION, REMOVAL (Specify) burial	
23b. DATE 9/6/1961		23c. NAME OF CEMETERY OR CREMATORY Mt. Auburn Cemetery	
23d. LOCATION (City, town, or county) St. Joseph Mo.		24. FUNERAL DIRECTOR Hester-Bowman	
25. DATE RECD. BY LOCAL REG. Sept 8, 1961		26. REGISTRAR'S SIGNATURE Mrs. Clark Handell	

(Licensed Embalmer's Statement on Reverse Side)

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 William Spelling

Licensed Embalmer No. 4536

P. O. Address 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.