DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25481

Registration District No. 4-86 Primary Registration District No. 4294 Registrar's No. 19

1. PLACE OF DEATH:
(a) County Lincoln
(b) City or town Foley, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In ~~hospital or institution~~ In this community 8 months (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Lincoln
(c) City or town Foley
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME August Frank Zurheide
3. (b) If veteran, name war Spanish American
3. (c) Social Security No.
4. Sex Male
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Martha Zurheide
6. (c) Age of husband or wife if alive 76 years
7. Birth date of deceased July (Month) 4 (Day) 1875 (Year)

8. AGE: Years 66 Months Days 14 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)
10. Usual occupation retired
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Germany (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Ray Zurheide
(b) Address 6 High Ridge Jennings, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-21-41 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary - St. Louis
18. (a) Signature of funeral director Gildehaus Sisters
(b) Address Winfield, Mo.
19. (a) July 19 1941 (If to be received local registrar) (b) C W Conrad (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 18
year 1941 hour 12 minute 30 P.M.
21. I hereby certify that I attended the deceased from April 25, 1941, to July 18, 1941; that I last saw h.i. alive on 7-17-41, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Thrombosis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

PHYSICIAN

Major findings:
Of operations
Of autopsy

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature [illegible] (M. D. or other)
Address Old Monroe Mo Date signed 7/19/41

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.