MAY 10 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 12945

Township ..... Primary Registration District No. 1003 Registered No. 3287

City St. Louis Mo. (No. Barnard Skin & Cancer Hosp. St. ..... Ward)

2. FULL NAME 620 Henry Zerweck

(a) Residence, No. 2514 N. Sarah St., 11 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Pearl Zerweck

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): January 18, 1872

7. AGE: YEARS 67 MONTHS 2 DAYS 18 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unemployed
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Lebanon, Ill

FATHER

13. NAME: George Zerweck
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Toledo Ohio

MOTHER

15. MAIDEN NAME: Louise Meyner
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Lebanon Ill

17. INFORMANT (ADDRESS): Mrs Pearl Zerweck 2514 N. Sarah

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Peters DATE 4/7 1939

19. UNDERTAKER (ADDRESS): Bernardus Tennent Home 1936 St. Louis Ave.

20. FILED APR 8 1939 J. F. Bucheck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 6, 1939

22. I HEREBY CERTIFY, That I attended deceased from March 23, 1939, to April 6, 1939

I last saw him alive on April 6, 1939. Death is said to have occurred on the date stated above, at 1:45 p.m.

The principal cause of death and related causes of importance were as follows:

Cancer of head of pancreas — Date of onset: Dec. 1938

Other contributory causes of importance:

Name of operation: Cholecystic gastrostomy Date of 3/25/39

What test confirmed diagnosis? Biopsy Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Harry Hauptman, M. D.

(Address) Barnard Skin & Cancer Hosp.

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.

This is to certify that the body described on the reverse side of this certificate was embalmed by me in accordance with the laws of the State of Missouri

Signed [illegible]
Lisc No. 3737
P.O. Address. 1936 St. Louis Ave