

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.

JAN 3 1940

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

44391  
Do not use this space.

1. PLACE OF DEATH  
 (a) County Ralls Registration District No. 930  
 (b) Township Saline Primary Registration District No. 5962  
 (c) City \_\_\_\_\_ (d) Street No. \_\_\_\_\_ St. \_\_\_\_\_  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred, 30 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Edward Richard Zeiger  
 (a) Residence, No. Ralls County, Mo St.   
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Alma Zeiger

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 5th 1876

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
63 5 27

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
 9. Industry or business in which work was done, as saw mill, bank, etc. Farmer  
 10. Date deceased last worked at this occupation (month and year) Nov., 1939 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marion Co, Mo

FATHER  
 13. NAME Carl Zeiger  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER  
 15. MAIDEN NAME Caroline Grunwalt  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Mr E R Zeiger  
 (ADDRESS) Monroe City, Mo R.F.D.

18. BURIAL, CREMATION, OR REMOVAL PLACE Andrew Chapel DATE Dec 4th 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Wilson & Son  
Monroe City, Mo

20. FILED 12/3rd 1939 J. G. Floyd  
 (Address) Legal Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 2nd 1939

22. I HEREBY CERTIFY, That I attended deceased from Oct 12, 1939 to Dec 2, 1939  
 I last saw him alive on Nov 30, 1939. Death is said to have occurred on the date stated above, at 9:40.  
 The principal cause of death and related causes of importance were as follows:  
Cerebral Thrombosis  
 Date of onset Nov 28 1939

Other contributory causes of importance:  
Chronic Bright's disease, about 1920  
hypertension and failure of heart

Name of operation None Date of \_\_\_\_\_  
 What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? L Date of injury C, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place. C

Manner of injury C  
 Nature of injury C

24. Was disease or injury in any way related to occupation of deceased? No  
 If so, specify \_\_\_\_\_  
 (Signed) W. D. O'Brien, M. D.  
 (Address) Monroe City, Mo

RECEIVED

District Health Officer No. 10

District File Number 1-70-55

Date Filed JAN 5 1940

**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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Leslie L. Wilson

Licensed Embalmer No. 3014

P. O. Address Wasson City, 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 this body is not embalmed, above space should be left blank.**