

Registration District No. 273

Primary Registration District No. 6023

Registrar's No. 122

1. PLACE OF DEATH:

(a) County St. Francois

(b) City or town St. Francois

(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 all his life (Specify whether years, months or days)

3. (a) PRINT FULL NAME Albert L. Zelman

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Elizabeth Zelman

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased March 1 1867

(Month) (Day) (Year)

8. AGE: Years 74 Months 5 Days 9

If less than one day hr. min.

9. Birthplace St. Francois, Mo.

(City, town, or county) (State or foreign country)

10. Usual occupation Retired Watchman

11. Industry or business St. Joseph Lead Co.

MOTHER FATHER

12. Name Jerry Zelman

13. Birthplace 1 Tenn.

(City, town, or county) (State or foreign country)

14. Maiden name Mary Hammer

15. Birthplace 1 Tenn.

(City, town, or county) (State or foreign country)

16. (a) Informant Mary Zelman

(b) Address St. Francois, Mo.

17. (a) Burial (b) Date thereof Aug 12 1941

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Clement Hill

18. (a) Signature of funeral director C. J. Boyer

(b) Address Desloge, Mo.

19. (a) Aug 12 41 (b) G. P. Robinson

(Date received local registry) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois

(c) City or town St. Francois

(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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 10

year 1941 hour 4:00 minute _____ P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic pneumonia

Due to fracture left hip - acute feel.

Other conditions Coronary Disease

(Include pregnancy within 3 months of death)

Major findings: _____

Of operations: _____

Of autopsy: _____

Duration 5 da.

7-23-41

24 yrs.

PHYSICIAN

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? St. Francois, Mo.

(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? _____ (Specify type of place)

(e) Means of injury _____

23. Signature G. P. Robinson (M. D. or other) _____

Address St. Francois, Mo. Date signed _____

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

4000

40

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.....

C. J. Bauer

Licensed Embalmer No.

1671

P. O. Address.....

Des Moines 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, fact should be so stated above.