

3-40
-39
X23159

JAN 16 1942

Registration District No. 799

Primary Registration District No. 4479

Registrar's No. 39

1. PLACE OF DEATH: Saline
 (a) County: Saline
 (b) City or town: Saline
 (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 _____ (Specify whether _____)
 In this community: 20 years
 years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State: Missouri (b) County: Saline
 (c) City or town: Saline
 (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: Fred Cyril Zeisler
 3. (b) If veteran, name war: World War 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Dec day 3
 year 1941 hour 4 minute 57 M.

4. Sex: Male 5. Color or race: White 6. (a) Single, married, divorced, widowed
 7. Birth date of deceased: June 2-1894
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from held inquest Dec 3, 1941, and that death occurred on the date and hour stated above.

8. AGE: Years 47 Months 7 Days 1 If less than one day _____ hr _____ min

Immediate cause of death: Coronary Embolism
 Due to _____
 Due to _____

9. Birthplace: Chicago Ill
 (City, town, or county) (State)

Other conditions: _____
 (Include pregnancy within 3 months of death)

10. Usual occupation: Lawyer

MOTHER FATHER
 12. Name: F C Zeisler
 13. Birthplace: Ireland
 14. Maiden name: Portnow
 15. Birthplace: Ireland

Major findings: _____
 Of operations: _____
 Of autopsy: no 940
 PHYSICIAN: _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant: Mr. Stella Katherine Zeisler
 (b) Address: Saline Mo

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence: _____

17. (a) burial (Date thereof: Dec 5-41)
 (Barial, cremation, etc.) (Month) (Day) (Year)
 (c) Place: burial: St. Mary's Cemetery

(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? _____

18. (a) Signature of funeral director: Stella Zeisler
 (b) Address: Saline Mo

While at work? _____ (Specify type of place)
 (e) Means of injury: Saline Co

19. (a) 12-3-41 (Date received local registrar) (b) Ella Alexander (Registrar's signature)

23. Signature: L. L. Lawless (M. D. or other)
 Address: Marion Mo Date signed: 12-3-41

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

JAN 29 1942

RECEIVED
District Health Officer No. 8,

Dist. File No. _____
Case No. 1-14-42

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.