. No. 2
—1-4-41
5-17-39
FILED APR 9 1942
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

10647

State File No. 41

Registration District No. 218

Primary Registration District No. 3015

Registrar's No. 38

27
1
2

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

1. PLACE OF DEATH:

(a) County Cooper

(b) City or town Boonville
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Joseph Hospital. 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Week (Specify whether
In this community 40 Years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cooper 027

(c) City or town Boonville 1
(If outside city or town limits, write "RURAL") 2

(d) Street No. 510 Main St.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country — 0

3. (a) PRINT FULL NAME Herman T. Zuzak.

3. (b) If veteran, name war ----

3. (c) Social Security No. 486-14-5663

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife ---

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

7. Birth date of deceased September (Month) 12 (Day) 1876 (Year)

8. AGE: Years 65 | Months 6 | Days | If less than one day ... hr. ... min.

9. Birthplace Louisiana (City, town, or county) Missouri. 0 (State or foreign country)

10. Usual occupation Real Estate & Ins.

11. Industry or business Local Agent.

FATHER
12. Name Philip Zuzak.
13. Birthplace (City, town, or county) Germany. 4 (State or foreign country)

MOTHER
14. Maiden name Bettie Sterns.
15. Birthplace (City, town, or county) Germany. 4 (State or foreign country)

16. (a) Informant Miss Helen Zuzak.
(b) Address Boonville, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 15"/42 (Month) (Day) (Year)
(c) Place: burial or cremation Louisiana, Mo.

18. (a) Signature of funeral director Goodman & Boller
(b) Address Boonville, Mo.

19. (a) Mar. 14 - 42 (Date received local registrar) (b) Dr. Chas. Frap (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 12
year 1942 hour 5 minute 05 p.M.

21. I hereby certify that I attended the deceased from 3-9-42, 19..., to 3-12-42, 19...;
that I last saw him alive on 3-12-42, 19...;
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
pneumonia(staphylococcus or virus?)	5d
empyema- staphylococcus(culture)	4d
Due to	
Due to	
Other conditions none (Include pregnancy within 3 months of death)	

10912

Major findings:
Of operations paracentesis left pleura
500 cc fluid containing non hemolytic staphylococcus.
Of autopsy none done.

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? (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 Alvan Ravenswood (M. D. or other) MD
Address Boonville, Mo. Date signed 3-14-42

1000 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,

District File Number .....

Date Filed 4-8-42

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 G. F. Boller

Licensed Embalmer No. 3062

P. O. Address Boonville, 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.