

DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

BUREAU OF THE CENSUS
FILED OCT 10 1942

Registration District No. 163

Primary Registration District No. 3031

Registrar's No. 48

1. PLACE OF DEATH:

(a) County Jefferson
(b) City or town De Soto
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
306 Fluecon Road 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community 43 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jefferson
(c) City or town De Soto Mo.
(If outside city or town limits write "RURAL")
(d) Street No. 306 Fluecon Rd.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

8. (a) PRINT FULL NAME AUGUST ZENSER

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 Jessie Zenser 6. (c) Age of husband or wife if alive 59 years
7. Birth date of deceased June 8 1869
(Month) (Day) (Year)

8. AGE: Years 73 Months 3 Days 16 If less than one day hr. _____ min. _____

9. Birthplace New York N. Y.
(City, town, or county) (State or foreign country)

10. Usual occupation Retired drilling Contractor

11. Industry or business Well drilling & properties

12. Name August Zenser

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name unknown

15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Jessie Zenser

(b) Address De Soto Mo.

17. (a) Burial (b) Date thereof Sept 27 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation De Soto Mo.

18. (e) Signature of funeral director Donald B. Dietz

(b) Address De Soto Mo.

19. (a) 10-3-42 (b) Fern Spencer
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 24
year 1942 hour 11 minute 20 P.M.

21. I hereby certify that I attended the deceased from Oct, 1936, to Sept 24, 1942,
that I last saw him alive on Sept 22, 1942,
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis and Degeneration Duration 15 yrs

Due to High Blood Pressure

Due to _____

Other conditions (Include pregnancy within 3 months of death) 930

Major findings: Of operations _____

Of autopsy _____

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? _____

While at work? _____ (Specify type of place) (b) Means of injury _____

23. Signature Chas. E. Gall (M. D. or other) _____

Address De Soto Mo. Date signed 9/26/42

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

50
2010

#P

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 Donald B. Dietrich

Licensed Embalmer No. 7104

P. O. Address Wedge to me

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.