

FILED DEC 9 1943

Registration District No. 37

Primary Registration District No. 6072

State File No. ....

Registrar's No. 344

1. PLACE OF DEATH:

(a) County St. Francois  
(b) City or town Doe Run  
(c) Name of hospital or institution: Cond. Home  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois  
(c) City or town Doe Run  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Elizabeth Zolman

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex female 5. Color or race W. 6. (a) Single, widowed, married, divorced, widowed  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased 10/4/73  
(Month) (Day) (Year)

8. AGE: Years 70 Months \_\_\_\_\_ Days 25 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Ste. Genevieve Mo;  
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Francis Bernard  
13. Birthplace Don't Know  
14. Maiden name Barbara Bell  
15. Birthplace Don't Know  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. John Vaughn  
(b) Address Doe Run, Missouri

17. (a) burial (b) Date thereof 10/31/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Doe Run, Mo.

18. (a) Signature of funeral director Farmington, Und. C.  
(b) Address Farmington, Missouri

19. (a) Nov 3-1943 (b) Sydie Buhmester  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 29  
year 1943 hour 30 minute 0 A.M.

21. I hereby certify that I attended the deceased from Feb -  
1 1943 to Oct 29 1943  
that I last saw her alive on Oct. 28 1943  
and that death occurred on the date and hour stated above

Immediate Cause of death Bronchial pneumonia  
Due to Anterior delirious Hypertension  
Duration 2 da.  
2 yrs.

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
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? \_\_\_\_\_

23. Signature Geo. L. Walker (M. D. or other) \_\_\_\_\_  
Address Farmington Mo. Date signed 11-4-43

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

**RECEIVED**

District Health Officer No. 4  
District File Number 1243-3010  
Date Filed 12-8-43

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**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.....

..... one ....., Registered Apprentice No. ....  
working under my personal supervision.

Signed..... [Signature] .....

Licensed Embalmer No. 4084

P. O. Address Farmington, 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.**