

S. No. 2
M-5-43
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 24 1944
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17591
Registrar's No. 45-0

Registration District No. 42 Primary Registration District No. 1000

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

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph
(c) Name of hospital or institution:
1106 South 9th. Street /
(If outside city or town limits, write "RURAL" and name of township)
(d) Length of stay: In hospital or institution. Not
In this community 30 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 1106 South 9th.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME Harry Zbinden

3. (b) If veteran, name war No 3. (c) Social Security No. 482-03-6022

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Minnie Zbinden 6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased December 6 1890 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
53 3 28 hr. min.

9. Birthplace Revena Nebraska (City, town, or county) (State or foreign country)

10. Usual occupation Horse Tranner & Driver

11. Industry or business

12. Name William Zbinden

13. Birthplace Unknown France 5 (City, town, or county) (State or foreign country)

14. Maiden name Bertha Cloat (State or foreign country)

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

16. (a) Informant Minnie Zbinden

(b) Address 1106 So. 9th. St. St. Joseph, Mo.

17. (a) Burial (b) Date thereof 4/6/1944 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ashland Cemetery

18. (a) Signature of funeral director Walter Meierhoffer (b) Address 1302 Faraon St. St. Joseph, Mo.

19. (a) 4/6/44 (b) Rose Heger (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 4th. year 1944 hour 8 minute 30 A.M.

21. I hereby certify that I attended the deceased from Sept 20/43 to ap 5/44, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death: lobar pneumonia Duration 6 days

Due to: 108

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

Major findings: Of operations: Of autopsy: 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?

While at work? (Specify type of place) (2) Means of injury

23. Signature 99 Thompson (M. D.) Address 825 Charles Date signed 4/4 1944

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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.....

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

Signed.....

Albert R. Harrington

Licensed Embalmer No 3258 Missouri.....

P. O. Address..... St. Joseph, Missouri

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.