

FILED NOV 26 1946

Registration District No. 53

Primary Registration District No. 3010

Registrar's No. 389

1. PLACE OF DEATH:

(a) County CAPE GIRARDEAU
(b) City or town CAPE GIRARDEAU
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: S. E. MO. HOSPITAL 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 HOURS
(Specify whether
In this community ✓
years, months or days)

3. (a) PRINT FULL NAME INFANT ZOELNER

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 SINGLE

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased NOV 16 1946
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 0 0 3 hr. min.

9. Birthplace CAPE GIRARDEAU, MO.
(City, town, or county) (State or foreign country)

10. Usual occupation NONE

11. Industry or business NONE

MOTHER FATHER { 12. Name RUDOLPH G. ZOELNER

13. Birthplace CAPE GIRARDEAU, MO.
(City, town, or county) (State or foreign country)

14. Maiden name WANDA L. DIAL

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

16. (a) Informant RODOLPH G. ZOELNER

(b) Address CAPE GIRARDEAU, MO.

17. (a) BURIAL (b) Date thereof 11-17-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation FAIRMONT CEM

18. (a) Signature of funeral director Walthus Lindbo

(b) Address Cape Girardeau Mo

19. (a) 11-20-1946 (b) G. G. Summers
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County CAPE GIR.
(c) City or town CAPE GIRARDEAU
(If outside city or town limits, write "RURAL")
(d) Street No. 330. No MIDDLE
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 16 day November
year 1946 hour 7:30 minute 30 P.M.

21. I hereby certify that I attended the deceased from Nov 16
7:30 PM, 1946, to Nov 16, 9 PM, 1946
that I last saw him alive on Nov 16, 1946,
and that death occurred on the date and hour stated above.

Immediate cause of death
Premature ~~inf~~
6 1/2 month pregnancy
Due to Premature Rupture of
membranes

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

Duration
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?
While at work? _____ (Specify type of place)
(e) Means of injury ✓

23. Signature Edward D Campbell M.D
Address Cape Girardeau MO Date signed 11/18/46

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

RECEIVED

District Health Officer No. 4-5
District File Number 1146-289
Date Filed 11-25-46

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.....

Not Embalmed....., Registered Apprentice No.
working under my personal supervision.

Signed *Virgil H. Kulek*.....
Licensed Embalmer No. *4102*
P. O. Address *Cape Girardeau*.....

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.