

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

FILED MAY 27 1948

Registration District No. **88**

Primary Registration District No. **4451**

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

1. PLACE OF DEATH:

(a) County **Crawford**
(b) City or town **Steelville**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **1**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **5 years** (Specify whether years, months or days)
In this community **5 years** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Crawford**
(c) City or town **Steelville**
(If outside city or town limits, write "RURAL")
(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 **Emil Jacob Zorn**

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 **Anna** 6. (c) Age of husband or wife if alive **78** years

7. Birth date of deceased **September 8, 1870**
(Month) (Day) (Year)

8. AGE: Years **77** Months **8** Days _____ If less than one day _____ hr. _____ min.

9. Birthplace **Summerfield, Illinois**
(City, town, or county) (State or foreign country)

10. Usual occupation **carpenter**

11. Industry or business _____

12. Name **Peter Zorn**

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

14. Maiden name **Catherine Daget**

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

16. (a) Informant **Mrs. Anna Zorn**

(b) Address **Steelville, Missouri**

17. (a) **burial** (b) Date thereof **5/11/48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Steelville Cemetery**

18. (a) Signature of funeral director **Thomas S. Halbert**

(b) Address **Steelville, Missouri**

19. (a) **5-11-48** (b) **[Signature]**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **8th**
year **1948** hour **10:00** minute **A** M.

21. I hereby certify that I attended the deceased from **March 1944** to **May 7 1948**
that I last saw him alive on **May 7 1948**
and that death occurred on the date and hour stated above.

Immediate cause of death **Myocardial failure** Duration **2 days**

Due to **Arteriosclerosis** **10 yrs.**

Due to _____

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

Major findings:
Of operations _____

Of autopsy **[Signature]**

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? **[Signature]** (Specify type of place or activity of injury)

23. Signature **William H. Foley** (M. D. or other) **[Signature]**

Address **Steelville Mo** Date signed **5/10/48**

6761 6-10-48

RECEIVED 5-25-48
District Health Officer No. 8,
District File Number 548316
Date Filed 5-25-48

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 Thomas S. Gilbert

Licensed Embalmer No. 4332

P. O. Address Steeleville, 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.