

FILED MAR 8 1951

STANDARD CERTIFICATE OF DEATH

State File No. 0144

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 65 PRIMARY REG. DIST. NO. 5250 Registrar's No. 6

1. PLACE OF DEATH a. COUNTY <u>Charlton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Charlton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Brunswick</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Brunswick</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>Henry</u> c. (Last) <u>Zuerl</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 7 1951</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Jan-17-1876</u>		9. AGE (In years last birthday) Months Days Hours Mtn. <u>75</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>			11. BIRTHPLACE (State or foreign country) <u>Brunswick Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>John S. Zuerl</u>		13b. MOTHER'S MAIDEN NAME <u>X</u>		14. NAME OF HUSBAND OR WIFE <u>Ursula Frances Meyer</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Miss Jeanne Zuerl Brunswick</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypotension</u> DUE TO (c) <u>Senile debility</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>mental depression</u>		10 years 5 years unknown	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>24670</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR	

22. I hereby certify that I attended the deceased from Feb 7, 1951, to Feb 7, 1951, that I last saw the deceased alive on Feb 7, 1951, and that death occurred at 7 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Lester C Rice M.D.</u>		23b. ADDRESS <u>Brunswick Mo</u>		23c. DATE SIGNED <u>2-8-1951</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb 9 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Elliott Grove</u>	
24d. LOCATION (City, town, or county) (State) <u>Brunswick Mo</u>					

DATE REC'D BY LOCAL REG. <u>Feb 9-51</u>		REGISTRAR'S SIGNATURE <u>Mildred Boone</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>56 Meyer Funeral Home, Brunswick</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

0210  
1

0210  
1

7 P.

Date Received: MAR 2 1951  
DISTRICT HEALTH OFFICE #2  
District File Number 3-51-47A  
Date Filed: MAR 6 1951

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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~~ .....

..... Student Embalmer No. ....  
working under my personal supervision.

Student .....  
Student Embalmer

Signed S. L. Leopard .....

Licensed Embalmer No. 3970 .....

P. O. Address Mendon Ma .....

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.