

THE REPUBLIC OF MISSOURI
STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 463

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| 1. PLACE OF DEATH a. COUNTY <u>Buchanan</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u> | c. LENGTH OF STAY (in this place) <u>29 years</u> | c. CITY OR TOWN <u>St. Joseph</u> | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Josephs Hospital</u> | | e. STREET ADDRESS (If rural, give location) <u>1306 S. 41st St.</u> | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Marguerite</u> b. (Middle) _____ c. (Last) <u>Zentz</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>May 2, 1954</u> | | |
| 5. SEX <u>female</u> | 6. COLOR OR RACE <u>white</u> | 7. MARRIED, NEVER MARRIED, <u>widowed</u> , WIDOWED, DIVORCED (Specify) | 8. DATE OF BIRTH <u>October 18, 1896</u> | 9. AGE (In years last birthday) <u>58</u> | 10. MONTHS <u>57</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>New York, New York</u> | | 12. CITIZEN OF WHAT COUNTRY <u>USA</u> |

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| 13a. FATHER'S NAME <u>Edward Yunker</u> | 13b. MOTHER'S MAIDEN NAME <u>Hannah Morris</u> | 14. NAME OF HUSBAND OR WIFE <u>George E.</u> |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u> | 16. SOCIAL SECURITY NO. <u>W.W. #1</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Madeline Maugeri</u> ADDRESS <u>New York, New York</u> |

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| 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, asthma, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>General Carcinomatosis</u> | | <u>6 mo</u> |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Primary Carcinoma Breast</u> | | <u>18 mo</u> |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION _____ | 19b. MAJOR FINDINGS OF OPERATION _____ | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <u>170X</u> |
| 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 2-24, 1943, to 5-2, 1954, that I last saw the deceased alive on 5-1, 1954, and that death occurred at 5:30a. m., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>Walter Smith MD</u> (Degree or title) | 23b. ADDRESS <u>218 No 7th St. St Joseph Mo</u> | 23c. DATE SIGNED <u>5/3/54</u> |
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| 24a. BURIAL CREMATION, REMOVAL (Specify) <u>burial</u> | 24b. DATE <u>5/5/1954</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Winston Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Winston, Missouri</u> |
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| DATE REC'D BY LOCAL REG. <u>May 6, 1954</u> | REGISTRAR'S SIGNATURE <u>Cather M. Allison</u> | 485 | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter Brown</u> ADDRESS <u>St Joseph Mo</u> |
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(Licensed Embalmer's Statement on Reverse Side)

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

MAY 14 1914

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.....
Signature of Student Embalmer

Signed..... Eugene Wood

Licensed Embalmer No. 3804

P. O. Address 319 So 10th St

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.