

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

65-028900

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 173 Primary Registration District No. 3051 Registrar's No. 79
FILED JUL 20 1965

STATE FILE NUMBER

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>PERRY</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>STE. GENEVIEVE</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>PERRYVILLE</u>			Length of stay in lb <u>21 DAYS</u>		c. CITY OR TOWN <u>STE. GENEVIEVE</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>PERRY CO MEMORIAL</u>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>798 LA PORTE</u>	
3. NAME OF DECEASED (Type or print) <u>NORBERT JOSEPH ZERWIG</u>						4. DATE OF DEATH Month <u>JUNE</u> Day <u>27</u> Year <u>1965</u>	
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITES</u>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>10/30/21</u>	
9. AGE (last birthday) <u>43</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>LIME IND.</u>		11. BIRTHPLACE (City and state or country) <u>BLOOMSDALE MO</u>	
12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13a. FATHER'S NAME <u>PETER ZERWIG</u>		13b. MOTHER'S MAIDEN NAME <u>MARY BASLER</u>		14. NAME OF HUSBAND OR WIFE <u>LAUENA SCHWENT</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES WWII</u>				16. SOCIAL SECURITY NO. <u>489-267141</u>		17. INFORMANT <u>St. Genevieve Mo</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:							
IMMEDIATE CAUSE (a)				<u>Acute Hepatic Necrosis</u>			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.				DUE TO (b) <u>Cirrhosis of liver</u>			
				DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.		Month, Day, Year _____					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <u>6/17/65</u> to <u>6-27-65</u> and last saw ^{her} him alive on <u>6-27-65</u> Death occurred at <u>3:15 P</u> m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>William P. Schuman M.D.</u>				22b. ADDRESS <u>PERRYVILLE, MISSOURI</u>		22c. DATE SIGNED <u>6/30/65</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <u>6/30/65</u>		23c. NAME OF CEMETERY OR CREMATORY <u>VALLE SPRING</u>		23d. LOCATION (City, town, or county) (State) <u>STE. GENEVIEVE MO</u>	
24. FUNERAL DIRECTOR <u>St. Genevieve Mo</u>				25. DATE RECD. BY LOCAL REG. <u>7-10-65</u>		26. REGISTRAR'S SIGNATURE <u>Jose J. Zellner</u>	

USE BLACK INK OR TYPEWRITER RIBBON

JUL 23 1965

JUL 21 1965

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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 _____
Signature of Student Embalmer

Signed Adrian J. Eble

Licensed Embalmer No. 4740

P. O. Address Ste Genevieve, Mo.

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.