JAN 12 1940

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

42982
Do not use this space.

1. PLACE OF DEATH
(a) County Cape Girardeau 2 Registration District No. 128
(b) Township Appleweek 1 Primary Registration District No. 5176 Registered No.
(c) City (d) Street No. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 456 Louis Charles Zoellner
(a) Residence, No. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	white	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF Annie Wilke Zoellner

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mch 12, 1881

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	58	9	3	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farming
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Near Friedheim Mo.

FATHER
13. NAME Gustav Zoellner
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Near Friedheim Mo.

MOTHER
15. MAIDEN NAME Annie Lensing
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Near Friedheim Mo.

17. INFORMANT (ADDRESS) Gustav Zoellner Friedheim, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Friedheim, Mo. DATE Dec 17 1939

19. FUNERAL DIRECTOR (NAME) Crumpcraft-Miller (ADDRESS) Jackson, Mo.

20. FILED 1-10-40 Laura V. Bilke Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 15, 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 8, 1939 to Dec 15, 1939
I last saw him alive on Dec 9, 1939. Death is said to have occurred on the date stated above, at 7:30 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Tuberculosis of the Lung	

Other contributory causes of importance: 2

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) R. B. Haylock, M. D.
(Address) Oak Ridge Mo

(Licensed Embalmer's Statement on Reverse Side)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.