

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

Do not use this space.

30504

1. PLACE OF DEATH

County _____ Registration District No. _____
Township _____ Primary Registration District No. _____
City St. Louis (No. 4061) Miami

File No. _____
Registered No. 8165
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 4061 Miami St., _____ 16 Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--|---|---|
| 3. SEX <u>Female</u> | 4. COLOR OR RACE <u>White</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Robert Ziegler</u> | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 21 - 1873</u> | | |
| 7. AGE | YEARS | MONTHS |
| | <u>58</u> | <u>10</u> |
| | | DAYS |
| | | <u>18</u> |
| | | If LESS than 1 day, hrs. or min. |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housework</u> | |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>235</u> | |
| | 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) <u>New Jersey</u> | | |
| MOTHER | 13. NAME <u>Leonard Schnitz</u> | |
| | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u> | |
| | 15. MAIDEN NAME <u>Elizabeth Walters</u> | |
| | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u> | |
| 17. INFORMANT <u>Walter Ziegler</u> (ADDRESS) <u>4061 Miami St.</u> | | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Old St. Marcus</u> DATE <u>Sept 10 1932</u> | | |
| 19. UNDERTAKER <u>Wackerly Selderle</u> (ADDRESS) <u>2337 Broadway</u> | | |
| 20. FILED <u>Sept 10 1932</u> <u>St. Louis</u> Registrar | | |

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 8 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 5 1931, to Sept 8 1932

I last saw her alive on Sept 7 1932. Death is said to have occurred on the date stated above, at 4:15 p.m.

The principal cause of death and related causes of importance were as follows:
Mitral Regurgitation Date of onset 1920

925 925 W

Other contributory causes of importance:
General Anasarca Aug 15 32

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? No

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? No
If so, specify _____
(Signed) H. Louis Gluchat, M. D.
(Address) 2200 Chouteau av.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

S. No. 2

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