

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

Do not use this space.

42018

JAN 26 1934

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City **St. Louis** (No. **4833a**, **Delmar Blvd.**) St. Ward)

File No.
 Registered No. **11053**
 St. Ward)

2. FULL NAME **Lester Arthur Ziern**

(a) Residence, No. **4833a Delmar Blvd.** St. **17** 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 **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (write the word) **Married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Cora Ziern**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **March 26th, 1876**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	57	8	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Meat Cutter**

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Retired**

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) **Mo.**

13. NAME **Fredrick Ziern**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

15. MAIDEN NAME **Unknown**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

17. INFORMANT **Lester A. Ziern, Jr.**
 (ADDRESS) **4848 Labadie Ave.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Cady Grove** DATE **Dec 28, 1933**

19. UNDERTAKER **Drehmann Funeral**
 (ADDRESS) **1905 Union Blvd.**

20. FILED **20 1933**, 19 **J. J. Bredeck**
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Dec. 24, 1933**

22. I HEREBY CERTIFY, That I attended deceased from 19....., to..... 19.....

I last saw h..... alive on..... 19..... Death is said to have occurred on the date stated above, at..... m.

The principal cause of death and related causes of importance were as follows:

Motors Involvement
Chronic Myocarditis
Coronary Artery Disease
Chronic Hypertension
 Other contributory causes of importance:
124 B
131
92A

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

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) **Harold H. ...** M-D
 (Address) **...**

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.

N. S. NO. 2

