

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

Do not use this space.

11493

1. PLACE OF DEATH

County St. Louis Registration District No. 1170 File No. _____
 Township Central Primary Registration District No. 6420 Clayton Rd. St. Marys Registered No. 48
 City St. Louis Mo. (No. 6420 Clayton Rd. St. Marys) St. _____ Ward _____

2. FULL NAME

Mary Zieroff Hospital
 (a) Residence, No. 2016 Allen Ave St. _____ 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 1st 1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
73 10 17

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 1 year

9. Industry or business in which work was done, as silk mill, 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) St. Louis Mo.

13. NAME Andrew Zieroff

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

15. MAIDEN NAME Frances Rung

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

17. INFORMANT J. J. Zieroff
 (ADDRESS) 12630⁴ Brunswick Rd

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peter & Paul DATE March 21st 1934

19. UNDERTAKER W. H. G. Co.
 (ADDRESS) 110 2628 Francis Ave

20. FILED 3/19 1934 Bertrude Porter
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 18th 1934

22. I HEREBY CERTIFY, That I attended deceased from 2/13/34, 19____, to 3/18/34, 19____.

I last saw him alive on 3/18/34, 19____. Death is said to have occurred on the date stated above, at 11:30 A.M.

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

Ch. Myocarditis Date of onset _____
Bruce Bouck ?
Block.
 Other contributory causes of importance:
Tuberculosis
Cough

Name of operation _____ Date of _____
 What test confirmed diagnosis? Clinical Was there an autopsy? (u)

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) James J. Hope M. D.
 (Address) 1104 No. Hope Bldg

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.

APR 25 1934

