

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

Do not use this space.

NOV 13 1934

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City..... **St. Louis** (No. **En Route to City Hospital**) St. _____ Ward _____

File No. **27736-a**
Registered No. **9908**

2. FULL NAME

Rita Wanita Zeeleer
(a) Residence, No. **5800 Water** St., **1** Ward. (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 **Mar** (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **March 14-1933**

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
1 4 6

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

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) **Missouri**

13. NAME **John Zeeleer**

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

15. MAIDEN NAME **Shee & Wool**

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

17. INFORMANT **John J. Queaney** (ADDRESS) **En route to St. Louis**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Peters Field** DATE **10/10** 19. **34**

19. UNDERTAKER **Fr. J. L. Fitzgerald** (ADDRESS) **St. Louis**

20. FILED **Oct 9 1934** **J. F. Brudick** Registrar.

MEDICAL CERTIFICATE OF DEATH

No Phys. exam in attendance

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **7-21** 19**34**

22. **20** 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..... P.M.

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

Shocks & Injuries received when struck & run over by a No. 100 train in the rear of 5708 S. Broadway at about 9:15 P.M. July 21, 1934

Other contributory causes of importance:

Accident

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? **Yes!**

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? **Accident** Date of injury **7/21**, 19**34**

Where did injury occur? **St. Louis, Mo** (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. **Public Place**

Manner of injury **Run over**

Nature of injury **Shocks & Injuries**

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.....

Signed **Karol G. Gandy**, M. D.

(Address) **St. Louis**

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.

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