

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.

96  
6  
0  
235  
26  
2

DEC 22 1934

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

Do not use this space.

40576

**1. PLACE OF DEATH**

County St. Louis Registration District No. 786  
 Township Maplewood Primary Registration District No. 4469  
 City Maplewood (No. 7234)

File No. \_\_\_\_\_  
 Registered No. 40  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Josephine M. Ziemer  
 (a) Residence, No. 7234 Zephyr 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) married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jack E. Ziemer  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 4, 1878  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
56 4 28

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

MOTHER FATHER  
 13. NAME Joseph Dray

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

15. MAIDEN NAME Marietta Terrell

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Hampshire

17. INFORMANT (ADDRESS) Mrs. Etabelle Abrams  
7234 Zephyr Place

18. BURIAL, CREMATION, OR REMOVAL PLACE Bethany Cem. DATE 11/19/34

19. UNDERTAKER (ADDRESS) Croghan Und. Co.  
7146 Manchester Ave.

20. FILE NO. 15010 1934 Registrar Pauline Breitenstein

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/1/34  
 22. I HEREBY CERTIFY, That I attended deceased from July 1, 1934, to Nov 1, 1934  
 I last saw him alive on Nov 1, 1934 Death is said to have occurred on the date stated above, at 8:30 P.M.  
 The principal cause of death and related causes of importance were as follows:

Date of onset Oct 31-1934  
Cerebral Hemorrhage  
9582  
 Other contributory causes of importance: Cardiovascular Disease Jan 1934

Name of operation none Date of \_\_\_\_\_  
 What test confirmed diagnosis? Clinical 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? \_\_\_\_\_  
 If so, specify \_\_\_\_\_ (Signed) J. B. Couch M. D.  
2816 Dutton Ave (Address)

JUL 22 1955