

AGE 16 1935

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

Do not use this space.

23486

1. PLACE OF DEATH

County Jefferson Co. Registration District No. 423
Township Rock Primary Registration District No. 5578
City (No. St. Ward)

File No. _____
Registered No. 26

2. FULL NAME Rosalie Ziegler

(a) Residence, No. Marville Mo. 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) Oct. 10/1919

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
15 9 11

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School-girl
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) Mo.

13. NAME Joseph Ziegler

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

15. MAIDEN NAME Theresa Schemans

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo. Jefferson

17. INFORMANT Joseph Ziegler
(ADDRESS) Marville Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Marville Mo. DATE July 24 1935

19. UNDERTAKER Fundler and Co.
(ADDRESS) 7819 Michigan Ave.

20. FILED July 23, 1935 Phil G. Kirk
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 21, 1935

22. I HEREBY CERTIFY That I attended deceased from July 13, 1935, to July 20, 1935.
I last saw her alive on July 20, 1935. Death is said to have occurred on the date stated above, at 2 a.m.

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

Acute endocarditis Date of onset 4/15/35
Chronic infective arthritis

Other contributory causes of importance:
Chronic glomerular nephritis

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

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 1935

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) Frank T. Suck, M. D.
(Address) Fenton, Mo.

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.

