

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.

SEP 29 1936

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

Do not use this space.

32176

1. PLACE OF DEATH
 County St. Louis Registration District No. 333
 Township Burgison Primary Registration District No. 4468
 City Robertson (No. Lambert St. Louis Field) St. _____ Ward _____

2. FULL NAME Carl F. Zeier
 (a) Residence, No. 7605 Merrill Chicago Ill. (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 Phornias S. Zeier

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 27, 1903

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
33 0 9

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Chicago & Southern Airline

10. Date deceased last worked at this occupation (month and year) _____ Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) USA

13. NAME Charles Zeier

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

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Wm. C. F. Zeier
Holla Olman

18. BURIAL, CREMATION, OR REMOVAL (Place) (Date) Kate's Home, New. DATE 8-8-36

19. UNDERTAKER (ADDRESS) Chas. H. Stewart
1245 Union Blvd.

20. FILED 8/7 1936 W. A. Zeidler Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 5, 1936

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

I last saw him _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 11 P.m.

The principal cause of death and related causes of importance were as follows:
Maceration of base of skull,
multiple compound fractures
of all appendages, ruptured lung,
liver and brain macerated. Date of onset _____

Other contributory causes of importance:
Internal and external hemorrhage
and shock.

OVER 14M

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. Coroner's view, no
 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) Wm. C. F. Zeier _____, M. D.
 (Address) 3218 Pershing, Rd.

Chas. H. Stewart
1245 Union Blvd.
W. A. Zeidler Registrar
Chas. H. Stewart Coroner, St. Louis, Mo.

apt 202

Airplane accident; St. Ferdinand township
Robertson, Mo. Lambert St. Louis Flying
Field. Verdict of Jury; Accidental
death causes unknown; By airplane.

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