

OCT 5 1936

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

Do not use this space.

1. PLACE OF DEATH

County

Registration District No. **791**

Township

Primary Registration District No. **1003**City **St Louis, Mo.** (No.)

City Sanitarium

35751

File No.

Registered No. **9372**

St. Ward)

2. FULL NAME **Mary Zoellner**(a) Residence, No. **4418 a Clarence Ave. St.** Ward. **9**
(Usual place of abode) **67** yrs. **2** mos. **16** ds. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred

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

Henry Zoellner

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

June 23-1869

7. AGE

YEARS

67

MONTHS

2

DAYS

16

If LESS than 1 day, hrs. or min.

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.

Housewife10. Date deceased last worked at this occupation (month and year) **About 1929**

11. Total time (years) spent in this occupation

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

St. Louis, Missouri

13. NAME

Tom Chamberlain

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

Unknown United States

15. MAIDEN NAME

Unknown

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

Unknown United States

17. INFORMANT (ADDRESS)

W.T. Zietler, M.D. 5400 Arsenal St.

18. BURIAL, CREMATION, OR REMOVAL PLACE

FriedensDATE **Sept. 12, 1936**

19. UNDERTAKER (ADDRESS)

Math. Hermann & Son 2161 East Fair Avenue

20. FILED

SEP 11 1936**J. F. Bredeck Registrar.**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Sept. 9, 1936**22. I HEREBY CERTIFY, That I attended deceased from **Dec. 30, 1929** to **Sept 9, 1936**I last saw her alive on **Sept. 9, 1936**. Death is said to have occurred on the date stated above, at **10:57 P.M.**

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

Chronic Myocarditis 12/30/29x

Other contributory causes of importance:

Generalized Arteriosclerosis 12/30/29x

Name of operation

Date of

What test confirmed diagnosis?

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? **No**

If so, specify

(Signed) **William T. Zietler**, M. D.(Address) **5400 Arsenal St.**

