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.

JAN 10 1937

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

Do not use this space. 46798

791

1. PLACE OF DEATH

County ..... Registration District No. ..... 1003 File No. .....

Township ..... Primary Registration District No. ..... Registered No. 12620

City St. Louis, Mo. (No. 2249 Montgomery Street St. ..... Ward)

2. FULL NAME Fredericka Zieger.

(a) Residence, No. 2249 Montgomery Street St. 20 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): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Late John W. Ziegler

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 24th, 1846

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
89	11	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home
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) Germany

FATHER

13. NAME Fred Rhedemeyer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER

15. MAIDEN NAME Lizette Frangmeyer
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Lizette Carnon, 2247 Montgomery Street

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bethany Cem DATE Dec. 24th, 1936

19. UNDERTAKER (ADDRESS) Hy Leidner Mnd Co. 1417 N. Market Str.

20. FILED DEC 23 1936 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 22, 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov, 1936, to Dec 22, 1936

I last saw her alive on Dec 21, 1936 Death is said to have occurred on the date stated above, at 12:59 a.m.

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

Chr Myocarditis

Date of onset

932

Other contributory causes of importance:

Senility

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 ....., 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) A H Dewey, M. D.

(Address) 2342 Johnson