

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

262
Do not use this space.

1. **FEB 12 1938**

(a) County.....
 (b) Township.....
 (c) City St. Louis (d) Street No. Deaconess hosp. St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME LAURAL CHEATHAM ZIERLEIN 1645
 (a) Residence, No. 1060 Purdeu St. WA W. City, Mo.
 (Usual place of abode, if no street address, write county or city) (If nonresident, city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Dr. Richard W. Zierlein</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 18, 1857</u>		
7. AGE YEARS <u>80</u>	MONTHS <u>6</u>	DAYS <u>15</u>
If LESS than 1 day,hrs. ormin.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Housewife</u>	
	9. Industry or business in which work was done, as 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) <u>Franklin County, Missouri</u>		
FATHER	13. NAME <u>Edwin Cheatham</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Virginia</u>	
MOTHER	15. MAIDEN NAME <u>Jane Barnes</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Virginia</u>	
17. INFORMANT <u>Alia Zierlein</u> (ADDRESS) <u>1060 Purdeu</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Oak Hill</u> DATE <u>Jan. 5</u> , 19 <u>38</u>		
19. FUNERAL DIRECTOR <u>Alexander + Son</u> (ADDRESS) <u>6175 Delmar Blvd.</u>		
20. FILED <u>JAN 4 1938</u> <u>JF Bredeck</u> Local Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 3, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 29, 1937 to Jan 3, 1938
 I last saw h. or alive on Jan 3, 1938 Death is said to have occurred on the date stated above, at 1030A
 The principal cause of death and related causes of importance were as follows:
Coronary Arteriosclerosis
Myocarditis, chronic

Other contributory causes of importance: 93C

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) W. H. Oyster, M. D.
 (Address) 3720 Washington

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.

Dr Olmsted
3720 Washington
Dr 4511
8-1130 PM

STATEMENT BY LICENSED EMBALMER

I, *J W M Dunkley*, Licensed Embalmer No. *3653*

hereby certify that the body recorded on the reverse side of this certificate was embalmed by *self*

L. E.

No. _____ or by *Ernst Olmsted*, Registered Apprentice No. _____
working under my personal supervision.

Signed *J W M Dunkley*
Licensed Embalmer No. *3653*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)