

REC'D MAR 14 1938

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

4741
Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **791**
(b) Township..... Primary Registration District No. **1003** Registered No. **1386**
(c) City **ST LOUIS** (d) Street No. **LUTHERAN HOSPITAL** 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. **21** ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

ELIZABETH FICKEN ZWIEGART 263
(a) Residence, No. **WTC** Hillsboro Mo. - RR#2
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 PHILLIP ZWIEGART		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) AUG. 19 - 1880		
7. AGE	YEARS 57-	MONTHS 5
	DAYS 28	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. HOUSEWIFE	11. Total time (years) spent in this occupation 35yr
	9. Industry or business in which work was done, as saw mill, bank, etc. OWN - HOME	
	10. Date deceased last worked at this occupation (month and year) JAN. 12 - 1938	
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) CEDAR HILL Mo	
	13. NAME GERHARD WILLIAM FICKEN	
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) DITTMER Mo	
	15. MAIDEN NAME EMMA MEYER	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) DITTMER Mo	
17. INFORMANT (ADDRESS) Frank Hehrlich 3865 Bate St. St. Louis Mo		
18. BURIAL, CREMATION, OR REMOVAL PLACE LOCAL CHURCH, CEDAR HILL Mo DATE FEB 9 38		
19. FUNERAL DIRECTOR (ADDRESS) J. H. Brimmer House Springs Mo		
20. FILE FEB 7 1938 J. V. Bledsoe		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Feb 7 1938**

22. I HEREBY CERTIFY, That I attended deceased from **June 2**, 19**37**, to **Feb. 7**, 19**38**
I last saw h. or alive on **Feb. 6**, 19**38** Death is said to have occurred on the date stated above, at **1:30 AM**.
The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage Date of onset **1-15 1938**

Other contributory causes of importance:
Chronic Intestinal Nephritis 19**36**

Name of operation..... Date of.....
What test confirmed diagnosis? **urinalysis** 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 **Alfred Jungman** M. D.
(Signed) **W. H. Buppington** Mo.
(Address) **W. H. Buppington Mo**

STATEMENT BY LICENSED EMBALMER

Howard P. Rowland

Licensed Embalmer No. *3114*

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

John Ketter

L. E.

No. *3880* or by

Registered Apprentice No.

working under my personal supervision.

Signe

Howard P. Rowland

Licensed Embalmer No. *3114*

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.)