

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEC 12 1938

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

37685
 Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. 791
 (b) Township Primary Registration District No. 1003
 (c) City St. Louis, Mo. (d) Street No. City Sanitarium St. 10019
 (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 Mary Zeigler
246 1007 Geyer Ave.
 (a) Residence, No. 1007 St. 23 (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

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>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Joseph A. Zeigler</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept. 18, 1870</u>		
7. AGE <u>68</u> YEARS <u>63</u>	MONTHS <u>2</u>	DAYS <u>1</u> If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Housework</u>	9. Industry or business in which work was done, as saw mill, bank, etc. <u>Housewife</u>
	10. Date deceased last worked at this occupation (month and year) <u>July 1938</u>	11. Total time (years) spent in this occupation.....
	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown Germany</u>	
FATHER	13. NAME <u>John Eble</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown Germany</u>	
MOTHER	15. MAIDEN NAME <u>unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown Germany</u>	
17. INFORMANT <u>Henry C. Gehrand M.D.</u> (ADDRESS) <u>5400 Arsenal</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Calvary</u> DATE <u>Nov. 22, 1938</u>		
19. FUNERAL DIRECTOR (NAME) <u>William C. Moydell</u> (ADDRESS) <u>1926 Allen Avenue</u>		
20. FILED <u>NOV 24 1938</u> <u>J. J. Bredack</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 19, 38

22. I HEREBY CERTIFY, That I attended deceased from Sent. 19, 38, 1938, to Nov. 19, 38, 1938.
 I last saw her alive on Nov. 19, 38, 1938. Death is said to have occurred on the date stated above, at 8:55 P.M.
 The principal cause of death and related causes of importance were as follows:
Broncho Pneumonia (11-17-38)
Chronic Myocarditis 9-19-38

Other contributory causes of importance:
Chronic Myocarditis 9-19-38

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 Henry C. Gehrand, M. D.
 (Signed) Henry C. Gehrand
 (Address) 5300 Arsenal

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, _____

_____, or by _____

Registered Apprentice No. _____, working under my personal supervision.

Signed

Benj. C. Duncan

Licensed Embalmer No. *3272*

P. O. Address

1926 Allen

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.)

If this body is not embalmed, above space should be left blank.