DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 8 1940

Registration District No. 291

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10892

Primary Registration District No. 4175

Registrar's No.

1. PLACE OF DEATH:

(a) County Franklin

(b) City or town Rural-Central Township (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin

(c) City or town Rural (If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Louise Ziegerer

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Casper Ziegerer

6. (c) Age of husband or wife if alive years

7. Birth date of deceased April (Month) 8, (Day) 1875 (Year)

8. AGE: Years 64 Months 10 Days 28 If less than one day hr. min.

9. Birthplace Moselle, (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Henry Finder
13. Birthplace Warren County (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Frances Sanders
15. Birthplace Warren County (City, town, or county) Missouri (State or foreign country)

16. (a) Informant's own signature Mrs Wm Stannekens

(b) Address Moselle, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 8, 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Moselle, Missouri

18. (a) Signature of funeral director Casey & Lenox

(b) Address Saint Clair, Missouri 264

19. (a) 3/6/40 (Date received local registrar) (b) Laura Wrody (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 5th year 1940 hour 10:30 minute A M.

21. I hereby certify that I attended the deceased from 1/19/40 3/5/40, 19__, to 3/5/40, 19__; that I last saw her alive on 3/5/40, 19__; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Myo-carditis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature E. P. Tost (M. D. or other)

Address Washington, Mo. Date signed 3/8/40

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

Rev. 5-17-39 I X19511

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. B. M. Ernst

Licensed Embalmer No. 3601

P. O. Address. St. Louis, Mo.

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.