

FILED AUG 8 1941

State File No. _____

Registration District No. 2784

Primary Registration District No. 200

Registrar's No. 1537

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Olivette
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 1016 N. Price Rd. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Olivette
(If outside city or town limits, write "RURAL")
(d) Street No. 1016-N. Price
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 23
year 1941 hour 9 minute 15 am.

21. I hereby certify that I attended the deceased from July 13
1941 to July 23 1941
that I last saw her alive on July 23 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Myocarditis Duration 4ds

Due to Lobar Pneumonia 1wk

Other conditions 108
(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? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature Geo. H. Klenk (M. D. or other) MD
Address 340 Bermuda Date signed 7/24/41

3. (a) PRINT FULL NAME ANNA C. ZIERCHER

3. (b) If veteran, name war _____ 3. (c) Social Security No. 1

4. Sex F. 1 5. Color or race W. 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Emil Ziercher 6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased July 8 1900
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
41 0 15 hr. min.

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

10. Usual occupation Housewife

11. Industry or business Our Home

12. Name Ernst Maile

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Bertha Krugel

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

16. (a) Informant Emil Maile

(b) Address 1016-N-Price Rd

17. (a) Burial (b) Date thereof 7/26/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ev. St. Pauls Cem

18. (a) Signature of funeral director Baummann's Bros

(b) Address 1504 Woodson Rd. Overland Park

19. (a) JUL 24 1941 (b) R. Meyer
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

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

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MOTHER FATHER

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..... *Oscar F. Mueller*

Licensed Embalmer No. *2039*

P. O. Address..... *Overland 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, fact should be so stated above.