

FILED MAR 10 1942

Registration District No. 184

Primary Registration District No. 200

1. PLACE OF DEATH:

(a) County ST. LOUIS  
(b) City or town OVERLAND  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
BERLINER NURSING HOME - 10600 THORPE AVE  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 1/2 Mo.  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(e) State MISSOURI (b) County 000  
(c) City or town ST. LOUIS (If outside city or town limits, write "RURAL") 17  
(d) Street No. 4617 LEXINGTON AVE. (If rural, give location) 1  
(e) Citizen of foreign country? No (Yes or No) 1  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 1<sup>ST</sup>  
year 1942 hour 4:45 minute A.M.  
21. I hereby certify that I attended the deceased from July 1  
1939, to MAR 11, 1942  
that I last saw h. alive on FEB. 28, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocardium 2 yr. Duration \_\_\_\_\_

Due to 930  
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? \_\_\_\_\_

While at work? (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature Carol A. Ruppel (M. D. or other) U.S.D.  
Address 705-Over St Date signed 3-2-42

3. (a) PRINT FULL NAME BERTHA ZIESING

3. (b) If veteran, name war No 3. (c) Social Security No. NONE

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife HENRY ZIESING 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased DECEMBER 1<sup>ST</sup> 1864  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
77 3 0 hr. min.

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

10. Usual occupation HOUSEWORK

11. Industry or business \_\_\_\_\_

12. Name CARL LEISNER

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

14. Maiden name MINNIE (UNKNOWN)

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

16. (a) Informant Charles Ziesing

(b) Address 3819 Easton Ave. St. Louis, Mo.

17. (a) BURIAL (b) Date thereof MAR. 4. 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation VALHALLA CEMETERY

18. (a) Signature of funeral director W.M. SCHUMACHER

(b) Address 4834 NATURAL BRIDGE ST. LOUIS, MO.

19. (a) MAR - 3 1942 (b) G. M. Harmon  
(Date received local registrar) (Registrar's signature)

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

6  
3  
1

MAY 12 1948

0  
12-X

**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.....

*John A. Melina*....., Registered Apprentice No. ~~4186~~  
working under my personal supervision.

Signed..... *John A. Melina*.....

Licensed Embalmer No. *4186*

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, fact should be so stated above.**