

FILED JUN 10 1942

Registration District No.

Primary Registration District No.

1003

4677

1. PLACE OF DEATH:

(a) County.....
(b) City or town St Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
5009 Tennessee
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community 25 yrs
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL") 9/15
(d) Street No. 5009 Tennessee
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Rose Mathilda Ziegler

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 Edmond 6. (c) Age of husband or wife if alive 16 years (Year) 1863

8. AGE: Years 78 Months 6 Days 11 If less than one day hr. min.

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

10. Usual occupation house work

11. Industry or business at home

12. Name Dan Eller

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

14. Maiden name Theresa Berenmeyer

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

16. (a) Informant Mary A. Ziegler

(b) Address 5009 Tennessee

17. (a) burial (b) Date thereof 5-30-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old S.S. Peter & Paul

18. (a) Signature of funeral director Fendler Und. Co.

(b) Address 7420 Michigan Ave.

19. (a) MAY 29 1942 (b) J. J. Brunck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 27
year 1942 hour..... minute..... M.
21. I hereby certify that I attended the deceased from Jan 1-42
19..... to May 27 1942
that I last saw her alive on May 27 1942
and that death occurred on the date and hour stated above.

Immediate cause of death.....

Cerebral hemorrhage

Due to arterio-sclerosis

Due to senility (age 68)

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings: Of operations.....

Of autopsy.....

Duration

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 F. G. Permaud (M. D. or other)

Address 311 S. Du grand Date signed.....

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

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.....

Clay E. Young

Licensed Embalmer No.....

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.