No. 2
—5-42
5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 15613

FILED MAY 6 1943

Registration District No. 317

Primary Registration District No. 3070

Registrar's No. 835

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

1. PLACE OF DEATH:
(a) County Sheris Co
(b) City or town Webster Groves Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 240 Chestnut St., /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 3 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 7
(c) City or town Webster Groves 4
(If outside city or town limits, write "RURAL")
(d) Street No. 240 Chestnut
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Ann Edna Ziegenfuss

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 Married

6. (b) Name of husband or wife Hugo

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

7. Birth date of deceased Sept 9, 1916 (Month) (Day) (Year)

8. AGE: Years 26 Months 6 Days 25 If less than one day hr. min.

9. Birthplace St. Louis, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife,

11. Industry or business

FATHER
12. Name Edwin F. Jokisch
13. Birthplace New Memphis, Illinois /
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Amelia Oertle
15. Birthplace St. Louis, Missouri 0
(City, town, or county) (State or foreign country)

16. (a) Informant Hugo Ziegenfuss
(b) Address 240 Chestnut Webster Groves

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/6/43 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Hope Cemetery

18. (a) Signature of funeral director Oscar J. Hoffmeister
(b) Address 4016 Chippewa

19. (a) APR 7 1943 (Date received local registrar) (b) E. H. McGovern MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 4
year 1943 hour 2 minute 15 A.M.

21. I hereby certify that I attended the deceased from November 12, 1942, to March 30, 1943
that I last saw her alive on March 30, 1943
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pulmonary tuberculosis	1 yr
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 A M Frank (M. D. ~~or other~~)
Address 3651 Grandel Sq Date signed 4/5/43

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

P. O. Address.....

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.