

FILED JUL 1 1944
Registration District No. 1944

Primary Registration District No. 3063

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

1. PLACE OF DEATH:

(a) County ST. LOUIS

(b) City or town CLAYTON
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
330 N. BRENTWOOD BLVD
(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 Mo. (b) County ST. L. 96

(c) City or town CLAYTON 2
(If outside city or town limits, write "RURAL")

(d) Street No. 330 N. BRENTWOOD BLVD 3
(If rural, give location)

(e) Citizen of foreign country?.....
(Yes or No)

If yes, name country..... 0

3. (a) PRINT FULL NAME MARY JANE ZIERCHER

3. (b) If veteran, name war.....

3. (c) Social Security No.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 25
year 1944 hour 6 minute 55 P.M.

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife W. M. ZIERCHER 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased July 30 1877
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 25, 1944 to June 25, 1944 that I last saw her alive on June 25, 1944 and that death occurred on the date and hour stated above.

8. AGE: Years 66 Months 10 Days 26 If less than one day hr. min.

Immediate cause of death Carcinoma of Livers 6 mos.

Due to Carcinoma of Spleen 10 mos.

9. Birthplace Chace Lorraine X
(City, town, or county) (State or foreign country)

10. Usual occupation at home

Due to.....

Other conditions (include pregnancy within 3 months of death) 468

11. Industry or business.....

12. Name unknown Meen

13. Birthplace France 5
(City, town, or county) (State or foreign country)

14. Maiden name unknown

15. Birthplace Switzerland 5
(City, town, or county) (State or foreign country)

Major findings: Of operations.....

Of autopsy.....

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Wm. Ziercher

(b) Address 330 N. Brentwood - Clayton

17. (a) Burial (b) Date thereof 6-27-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ST. PAUL'S EY. CEMETERY

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?.....

18. (a) Signature of funeral director Louis H. Bopp, Jr.
(Specify type of place)

(b) Address Clayton

19. (a) JUN 28 1944 (b) E. H. Mc...
(City, town, or county) (Registrar's signature)

While at work?..... (c) Means of Injury gun

23. Signature A. R. Shuffler Shuffler
(M. D. or other)

Address Mo. Theatre Bldg. Date signed 6-26-44

JAN 23 1946

JAN 21 1946

MAR 15 1945

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 Felix Olund

Licensed Embalmer No. 3034

P. O. Address Kirtwood 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.