

FILED SEP 8 1944 318

Registration District No. Primary Registration District No. 1003

Registrar's No. 7436

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:
City Sanitarium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 29 yr. 9mo. 6ds.
(Specify whether
In this community 77 yrs.
years, months or days)

3. (a) PRINT FULL NAME ELIZABETH ZIERCHER

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

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced Mar.
6. (b) Name of husband or wife Christ Ziercher 6. (c) Age of husband or wife if alive years
7. Birth date of deceased July 20 1867
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
77 1 5 hr. min.

9. Birthplace St. Louis County, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER
12. Name John Groby
13. Birthplace Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Lena Fink
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant J. Singler
(b) Address 5400 Arsenal St.

17. (a) Burial (b) Date thereof 8-28-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Pauls Ev. Cemetery

18. (a) Signature of funeral director Edmund B. ...

(b) Address 2504 Woodson Rd - Overland, Mo.
19. (a) AUG 28 1944 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5300 Arsenal Street
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 25
year 1944 hour 10.50 minute P. M.

21. I hereby certify that I attended the deceased from July 7, 1944, to Aug. 25, 1944, that I last saw h. er alive on Aug. 25, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death General Arteriosclerosis 10yrs.
Due to
Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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 L. S. ... (M. D.)
Address 5300 Arsenal St. Date signed 8/26/44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 *D. G. Peterson*.....

Licensed Embalmer No. *3767*.....

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.