

FILED DEC 27 1944 318

1003

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

Registrar's No. **10533**

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:  
Missouri Pacific Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 7 days  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 6922 Dale Ave.  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Sally Jane Zervogel

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

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

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

7. Birth date of deceased January 5, 1933  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
11 11 4 \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation School Girl

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

12. Name Wm F Ziervogel

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

14. Maiden name Helen Wilcox

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

16. (a) Informant Wm. F. Ziervogel

(b) Address 6922 Dale Ave.

17. (a) Burial (b) Date thereof 12-11-1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St Pauls Churchyard

18. (a) Signature of funeral director A. Shaw L. & Co.

(b) Address 2707 N Grand Blvd

19. (a) DEC 11 1944 (b) J. F. Bredeck  
(Date received local permit) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 9  
year 1944 hour 6 minute 10 A.M.

21. I hereby certify that I attended the deceased from 12/2/44, 19\_\_\_\_, to 12/9/44, 19\_\_\_\_;  
that I last saw her alive on 12/9/44, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Atypical Bant's Disease Duration 2 yrs

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: None  
Of operations \_\_\_\_\_  
Of autopsy None

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 C. P. Drace, Jr. (M. D. or other) \_\_\_\_\_  
Address 1755 So. Grand Date signed 12/9/44

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

MOTHER FATHER

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**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..... *V E Morris* .....

..... Licensed Embalmer No. *3360* .....

..... 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.**