

FILED JAN 31 1948 18

1003

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
4630 Newport  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME Ona. C. Ziegler

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 Married

6. (b) Name of husband or wife Ben 6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased December 27 1898  
(Month) (Day) (Year)

8. AGE: Years 46 Months 0 Days 25 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Housewife

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

12. Name John W.K. Minton

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

14. Maiden name Mary A.B. Underwood

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

16. (a) Informant Ben A. Ziegler

(b) Address 4630 Newport

17. (a) Burial (b) Date thereof 1/24/45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Hope

18. (a) Signature of funeral director Jas. P. Fendler Jr.

(b) Address 7128 Michigan

19. (a) JAN 23 1945 (b) J. F. Bredeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

Mo. Mo.  
(a) State \_\_\_\_\_ (b) County \_\_\_\_\_  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4630 Newport  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 21  
year 1945 hour 1.15 minute A. M.

21. I hereby certify that I attended the deceased from April 14th  
1942 to January 21st, 1945  
that I last saw her alive on January 20th, 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma uterus Duration 2 years

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

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

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

Major findings: Of operations Carcinoma uterus

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature J. Gallagher (M. D. or other)

Address 3903 Aljira Date signed 1/23/45

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

MOTHER FATHER

THE STATE OF MICHIGAN  
0075 34  
5703  
51140

**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.....  
George N. Archambault, Registered Apprentice No. XXXX  
.....  
working under my personal supervision.

Signed George N. Archambault  
Licensed Embalmer No. 2906  
P. O. Address 7128 Michigan Ave.

**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.