

FILED NOV 30 1946

Primary Registration District No. 3058

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Manchester, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Manchester Nursing Home & Sanatorium 4  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: in hospital or institution 7/14/42 to 11/3/46  
In this community 7/14/42 to 11/3/46 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Charles 92  
(c) City or town Rural 0  
(If outside city or town limits, write "RURAL")  
(d) Street No. St Charles Mo. 0  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Marie C. Zerr

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 Widowed  
6. (b) Name of husband or wife Herman Zerr 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased April 17 1876  
(Month) (Day) (Year)

8. AGE: Years 70 Months 6 Days 16 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

MOTHER FATHER

11. Industry or business \_\_\_\_\_  
12. Name Paul Name 4  
13. Birthplace Herman  
(City, town, or county) (State or foreign country)  
14. Maiden name Antonia  
15. Birthplace Herman  
(City, town, or county) (State or foreign country)

16. (a) Informant Mr Paul Pieffer  
(b) Address St Charles Rural R941  
17. (a) Rural (b) Date thereof Nov 5 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Wentzville Mo.

18. (a) Signature of funeral director Huckman - Paul  
(b) Address St Charles Mo.  
19. (a) Nov 15 - 46 (b) Fannie Hamelton  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 3  
year 1946 hour 1:15 minute A M.  
21. I hereby certify that I attended the deceased from Feb 3  
2 19 46 to Nov 3 19 46  
that I last saw her alive on Nov 3 19 46  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage sudden  
Due to Previous st. hemiplegia Sigs?  
Due to hypertension

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations JZA  
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 St Benny (M. D. or other) MD  
Address Creve Coeur Mo Date signed 11-5-46

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

JAN 8 1948

RECEIVED  
District Health Officer No. 9,  
District File Number  
Date Filed 11/3/46

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 *Arthur C. Bruce*

Licensed Embalmer No. *3151*

P. O. Address *St Charles 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.