. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 15 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

20550

State File No.

Registration District No. 310

Primary Registration District No. 3058

Registrar's No. 119

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

1. PLACE OF DEATH:

(a) County St. Charles

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

(c) Name of hospital or institution: St. Joseph Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day (Specify whether
In this community ✓
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Charles 92

(c) City or town ✓ 9
(If outside city or town limits, write "RURAL")

(d) Street No. 3
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Janet Louise 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 single 0

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased June (Month) 25 (Day) 1948 (Year)

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

9. Birthplace St. Charles, Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

FATHER
12. Name Ernest Zerr
13. Birthplace St. Peters, Mo. 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Clementine Schneider 0
15. Birthplace St. Peters, Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Ernest Zerr
(b) Address St. Peters, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-27-48 (Month) (Day) (Year)
(c) Place: burial or cremation St. Peters, Mo.

18. (a) Signature of funeral director Geo Stiefvater
(b) Address St. Peters, Mo.

19. (a) 7-6-48 (Date received local registrar) (b) Fannie Hamilton (Registrar's signature) 911

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June 26 day
year 1948 hour 3 minute PM. M.

21. I hereby certify that I attended the deceased from June 25, 1948 to June 26, 1948
that I last saw her alive on June 20, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pneumonia	
Due to Not Known	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 159
Of autopsy

PHYSICIAN
Underline the cause of 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 0

23. Signature [signature] (M. D. or other)
Address St Charles Mo Date signed 6-27-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed JUL 14 1948

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 Not Embalmed, Registered Apprentice No. ....., working under my personal supervision.

Signed E. A. Kerthly

Licensed Embalmer No. 877

P. O. Address Oracle 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.