

FILED JUL 31 1948

Registration District No. 317

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

State File No.

25086

Registrar's No.

61691

## 1. PLACE OF DEATH:

(a) County St Louis

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

(c) Name of hospital or institution:  
Our Mother Of Good Council 5  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days)

## 3. (a) PRINT FULL NAME

Anna Zerrer3. (b) If veteran,  
name war. - - - - -3. (c) Social Security No.  
None

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

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

7. Birth date of deceased Feb. 2, 1878  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

76	5	7	hr. _____ min.
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9. Birthplace St. Charles - Missouri  
(City, town, or county) (State or foreign country)10. Usual occupation At Home

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

12. Name Adam Ruebling13. Birthplace Unknown  
(City, town, or county) (State or foreign country)14. Maiden name Louise Simpson15. Birthplace Unknown  
(City, town, or county) (State or foreign country)16. (a) Informant Mrs. Alice Peterson(b) Address 4253 Kosuth Ave17. (a) Burial (b) Date thereof 7/12/48  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Oak Grove Cem St Charles Mo.18. (a) Signature of funeral director Stroot - Carroll(b) Address 4600 Natural Bridge Ave19. (a) JUL 12 1948 Cecil A Z Sharp M.D.  
(Date received local registrar's report) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 96

(c) City or town St. Louis, NORMANDY  
(If outside city or town limits, write "RURAL")

(d) Street No. 4253 Kosuth Ave St Louis  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)

If yes, name country \_\_\_\_\_

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 9,  
year 1948 hour 12 minute Noon M.

21. I hereby certify that I attended the deceased from Dec - 1942  
1942, 19 \_\_\_\_\_, to 7-6-1948, 19 \_\_\_\_\_;  
that I last saw h er alive on 7-6-1948, 19 \_\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia + coma. 131 a Duration \_\_\_\_\_

Due to the Cardio - Vascula - Renal disease

Due to Aortic sclerosis - Hypertension

Chronic Cholelithiasis

Other conditions Hemiplegia Rt.

(Include pregnancy within 3 months of death)

Died in home of Quabokle

Major findings: Encrusted

Of operations \_\_\_\_\_

Of autopsy No.

PHYSICIAN

Underline the cause to which death should be charged statistically.

MOTHER, FATHER

12. Name Adam Ruebling13. Birthplace Unknown  
(City, town, or county) (State or foreign country)14. Maiden name Louise Simpson15. Birthplace Unknown  
(City, town, or county) (State or foreign country)16. (a) Informant Mrs. Alice Peterson(b) Address 4253 Kosuth Ave17. (a) Burial (b) Date thereof 7/12/48  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Oak Grove Cem St Charles Mo.

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 Luke B. ... (M. D. or other) \_\_\_\_\_Address 3734 Jennings' Rd Date signed 7/10/48

**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: *Bernard Hoffman*

Licensed Embalmer No. *4366*

P. O. Address *St. Louis, 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.**

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. Me 9  
Registrar's No. 1691

Registration District No. 317

Primary Registration District No. 6076

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Normandy  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether years, months or days) \_\_\_\_\_ (Specify whether)

3. (a) PRINT FULL NAME Anna I ever

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

4. Sex F 5. Color or race w 6. (a) Single, widowed, married, divorced wid  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Jul 2 (Month) (Day) (Year)

8. AGE: Years 76 Months 5 Days \_\_\_\_\_ If less than one day \_\_\_\_\_ min.

9. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country) Mo

10. Usual occupation \_\_\_\_\_

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

12. Name \_\_\_\_\_  
13. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

14. Maiden name \_\_\_\_\_

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

16. (a) Informant \_\_\_\_\_

(b) Address \_\_\_\_\_

17. (a) \_\_\_\_\_ (b) Date thereof \_\_\_\_\_ (Month) (Day) (Year)

(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director \_\_\_\_\_

(b) Address \_\_\_\_\_

19. 7-2-48 (Date received local registrar) Bent & Sharp (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month \_\_\_\_\_ year 1948 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_;

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;

and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_

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

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

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

Major findings: Of operations \_\_\_\_\_

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 \_\_\_\_\_ (M. D. or other) \_\_\_\_\_

Address \_\_\_\_\_ Date signed \_\_\_\_\_

SUPPLEMENTARY

MOTHER FATHER

S-25086