

FILED AUG 2 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25752

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 1774

1. PLACE OF DEATH a. COUNTY St Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Manassas		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Webster Groves	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Mother Good Council		d. STREET ADDRESS (If rural, give location) 40 Rockhill Rd	
3. NAME OF DECEASED (Type or Print) a. (First) MARIE b. (Middle) Ziegelmeier c. (Last) ZIEGELMEYER		4. DATE OF DEATH (Month) (Day) (Year) 7 24 49	
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NO SINGLE	8. DATE OF BIRTH 1-5-1896
9. AGE (In years last birthday) 53		IF UNDER 1 YEAR Months 6 Days 19	IF UNDER 24 Hrs. Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (State or foreign country) St. Louis, Mo
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME John Ziegelmeier	
13b. MOTHER'S MAIDEN NAME MARY DIERTER		14. NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Edwina Ziegelmeier		ADDRESS _____	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) St. Arthritis deformans ANTECEDENT CAUSES Due to (b) Pood infection Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Peridiv - vasculen - Renal disease - anasarca	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION Cardian decompensation	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. INTERVAL BETWEEN ONSET AND DEATH 25 yrs	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	
21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from July , 1942 to July 7 , 1949 that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE Julius B. Timm		23b. ADDRESS 3734 Jennings Rd	
23c. DATE SIGNED 7/26/49		23d. DATE REC'D BY LOCAL REG. 7-26-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) _____		24b. DATE 7-27-49	
24c. NAME OF CEMETERY OR CREMATORY OAK GROVE		24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo	
25. FUNERAL DIRECTOR'S SIGNATURE Herbert R. Moulton		ADDRESS Mittelberg Webster Groves	

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

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.....

..... Student Embalmer No.

working under my personal supervision.

Signed.....

Albert G Hoppe

Signed.....

Student Embalmer

Licensed Embalmer No.

2971

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.