

FILED OCT 3 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31515

State File No.

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 344

1. PLACE OF DEATH a. COUNTY <u>ST FRANCIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>ST LOUIS CO</u>	
b. CITY OR TOWN <u>BONNE TERRE</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>NORMANDY</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>BONNETERRE HOSPITAL</u>		d. STREET ADDRESS (If rural, give location) <u>7252 SO. ROLAND</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>MARIE</u> b. (Middle) <u>CATHERINE</u> c. (Last) <u>ZIEGLER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>SEPT 17 1949</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>APRIL 30 1899</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>PRIVATE SECRETARY</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>SOOTHER IRON CO</u>	11. BIRTHPLACE (State or foreign country) <u>ST. GENEVIEVE, MO</u>
13a. FATHER'S NAME <u>WILLIAM ZIEGLER</u>		13b. MOTHER'S MAIDEN NAME <u>ELVENA C. VOLT</u>	14. NAME OF HUSBAND OR WIFE <u>✓</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u> </u>	17. INFORMANT'S SIGNATURE OR NAME <u>Matthew Ziegler St. Genevieve Mo</u> ADDRESS <u> </u>
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) <u>Carcinoma Brain</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Crawling R. Breast</u> <u>Interruptions</u> DUE TO (c) <u> </u> II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>C. R. Frontal Lobe</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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) (Minute)	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 <u>Sept 13</u> , 19 <u>49</u> , to <u>Sept 17</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>Sept 16</u> , 19 <u>49</u> , and that death occurred at <u> </u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Harold R. Ziegler M.D.</u> (Degree or title)		23b. ADDRESS <u>DeLoe Mo.</u>	23c. DATE SIGNED <u>9-20-49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>SEPT 19 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>VALLE SPRING</u>	24d. LOCATION (City, town, or county) (State) <u>ST. GENEVIEVE MO</u>
DATE REC'D BY LOCAL REG. <u>Sept 24 1949</u>	REGISTRAR'S SIGNATURE <u>Ethel Rindloff</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Rudolph</u> ADDRESS <u>Profess. Bask St. Genevieve Mo</u>	

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

MAR 7 1950

RECEIVED 9-26-49

Health Officer No. 4

Number 949-12

OCT 11 1949

MAR 28 1951

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 Adrian J. Ehler

Signed _____
Student Embalmer

Licensed Embalmer No. 4740

P. O. Address Ste. Genevieve, 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.