

FILED JUL 6 - 1951

THE DIVISION OF HEALTH - MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3069 Registrar's No. 2518

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) Richmond Heights	c. LENGTH OF STAY (in this place) 8 weeks	c. CITY (If outside corporate limits, write RURAL and give township) Rural (Bonhomme)	4720
d. FULL NAME OF HOSPITAL OR INSTITUTION St Mary's Hospital		d. STREET ADDRESS (If rural, give location) Rt. 13 Kirkwood 22 Mo.	

3. NAME OF DECEASED (Type or Print) a. (First) Emelia b. (Middle) (N.M.N.) c. (Last) Ziemann		4. DATE OF DEATH (Month) (Day) (Year) June 25 1951	
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH June 27 1872	9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months 11 Days 28	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) St Louis Mo.	12. CITIZEN OF WHAT COUNTRY? Amer.
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13a. FATHER'S NAME John Schlegel	13b. MOTHER'S MAIDEN NAME Augusta Sule	14. NAME OF HUSBAND OR WIFE John A. Ziemann
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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 ADDRESS Arthur A Ziemann 426 Rose Lane
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH May 2, 1951
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio Sclerotic heart disease DUE TO (c) Left Haemaplegiae.		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) 4200
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **May 2, 1951**, to **June 25th, 1951**, that I last saw the deceased alive on **June 24th 51** and that death occurred at **6:52 Pm.**, from the causes and on the date stated above.

23a. SIGNATURE J.P. Wade M.D.	23b. ADDRESS 634 North Grand	23c. DATE SIGNED 6/29/51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6-28-51	24c. NAME OF CEMETERY OR CREMATORY Zion Cemetery	24d. LOCATION (City, town, or county) (State) St Louis County Mo.
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DATE REC'D BY LOCAL REG. 6-27-51	REGISTRAR'S SIGNATURE Herbert P. Donke	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Meyer-Pfitzinger Kirkwood 22 MO.
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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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

William H. [Signature]

Signed _____
Student Embalmer

Licensed Embalmer No. *04316*

P. O. Address *Kilmer [Signature]*

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.