

FILED APR 16 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **14959**
Registrar's No. **1932**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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| 1. PLACE OF DEATH a. COUNTY 0 | | 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) Saint Louis | | c. CITY (If outside corporate limits, write RURAL and give township) Carsonville, 4180 | |
| c. LENGTH OF STAY (In this place) 5 Days | | d. STREET ADDRESS (If rural, give location) 8523 Katherine Avenue, 21, | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Baptist Hospital | | | |

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|-------------------------------------|------------------------------|------------------------------|---------------------------|---|
| 3. NAME OF DECEASED (Type or Print) | a. (First) Richard | b. (Middle) Calvin | c. (Last) Ziern | 4. DATE OF DEATH (Month) (Day) (Year) Feb. 27th, 1952 |
|-------------------------------------|------------------------------|------------------------------|---------------------------|---|

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|-------------------------|----------------------------------|--|---|---|---------------------------|-------------------------|---------------------------|--------------------------|
| 5. SEX Male 0 | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH March 31st, 1906 | 9. AGE (In years last birthday) 45 | IF UNDER 1 YEAR Months | IF UNDER 1 YEAR Days | IF UNDER 24 HRS. Hours | IF UNDER 24 HRS. Min. |
|-------------------------|----------------------------------|--|---|---|---------------------------|-------------------------|---------------------------|--------------------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Warehouse Work | 10b. KIND OF BUSINESS OR INDUSTRY S. L. Long Warehouse | 11. BIRTHPLACE (State or foreign country) Willisville, Illinois | 12. CITIZEN OF WHAT COUNTRY? USA |
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| 13a. FATHER'S NAME Arthur Ziern | 13b. MOTHER'S MAIDEN NAME Cora Anderson | 14. NAME OF HUSBAND OR WIFE Edna Ziern nee Smith |
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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. Unknown | 17. INFORMANT'S SIGNATURE OR NAME Edna Ziern, 8523 Katherine Avenue, 21 | ADDRESS 8523 Katherine Avenue, 21 |
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| 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, ashenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH 4 days |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Dento Pericarditis | | |
| | ANTECEDENT CAUSES 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. | | | |

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| 19a. DATE OF OPERATION 2-24-52 | 19b. MAJOR FINDINGS OF OPERATION Dento Pericarditis | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) |
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| 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? 587.0 |
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22. I hereby certify that I attended the deceased from **2-24-52** to **2-27-52**, that I last saw the deceased alive on _____, 19____, and that death occurred at **11:59P** m., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) James R Meador M.D. | 23b. ADDRESS 45 Central | 23c. DATE SIGNED 2-28-52 |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 24b. DATE 3/1/52 | 24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery | 24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri |
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| DATE REC'D BY LOCAL REG FEB 29 1952 | REGISTRAR'S SIGNATURE Carl Smith | 25. FUNERAL DIRECTOR'S SIGNATURE Calvin F. Feutz | ADDRESS 4828 Natural Bridge Blvd. |
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(Licensed Embalmer's Statement on Reverse Side)

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

Clayton, Mo.
Between 2:00 P. M. & 4:00 P. M. (Thursday)

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.

Student
Student Embalmer

Signed *John A. Mlinar*

Licensed Embalmer No. *4186*

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.