No. 200
10-48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 43456

FILED DEC 30 1953

BIRTH NO. 200 REG. DIST. NO. 162 PRIMARY REG. DIST. NO. 5595 Registrar's No. 102

1. PLACE OF DEATH
a. COUNTY: Jefferson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RUR Arnold Rock
c. LENGTH OF STAY (In this place): 1 Mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rt 2 Box 174 Arnold Mo.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Missouri
b. COUNTY: Jefferson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Arnold
d. STREET ADDRESS (If rural, give location): Rt 2 Box 174

3. NAME OF DECEASED (Type or Print)
a. (First): Sheila Ziegler
b. (Middle): Lorayne
c. (Last): Ziegler

4. DATE OF DEATH (Month) (Day) (Year): Dec. 17 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Baby
8. DATE OF BIRTH: Sept. 24 1953
9. AGE (In years last birthday): If under 1 year: Months 2, Days 23; If under 1 day: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): **********
10b. KIND OF BUSINESS OR INDUSTRY: **********
11. BIRTHPLACE (City and State or Foreign Country): St Louis, Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Louis Ziegler
13b. MOTHER'S MAIDEN NAME: Shirley Birch
14. NAME OF HUSBAND OR WIFE: **********
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): ******
(If yes, give war or dates of service): **********
16. SOCIAL SECURITY NO.: ********
17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS: Arnold Mr Louis Ziegler Rt 2 Box 174

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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid 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.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
491 X
20. AUTOPSY? YES ☐ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12/17, 1953, *to* 12/17/53, *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 J. B. Edwards M.D. (Degree or title): J. B. Edwards M.D. Coroner
23b. ADDRESS: Cedar Hill, Mo.
23c. DATE SIGNED: 12/17/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec 19th 53
24c. NAME OF CEMETERY OR CREMATORY: Mt Hope Cem.
24d. LOCATION (City, town, or county) (State): Lemay 23, Mo.

DATE REC'D BY LOCAL REG.: 12-19-53
REGISTRAR'S SIGNATURE: Ruth Jirsa 438
25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: Fey Funeral Home 4100 Lemay Ferry Road Lemay Mo.

1953

(Licensed Embalmer's Statement on Reverse Side)

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED DEC 22 1953

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 Albert Maxfield

Licensed Embalmer No. 3077

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.