

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **5827**

FILED MAR 8 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **310** PRIMARY REG. DIST. NO. **6058** Registrar's No. **64**

1. PLACE OF DEATH a. COUNTY <b>Saint Charles</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <b>Missouri</b> b. COUNTY <b>St. Charles</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Saint Charles</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Saint Charles</b>	
c. LENGTH OF STAY (in this place) <b>18 yrs.</b>		0 9-20	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Emmaus Home</b>		d. STREET ADDRESS (If rural, give location) <b>1045 N. Kingshighway</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Idella</b> b. (Middle) _____ c. (Last) <b>Ziegemeier</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Feb. 28, 1954</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>Aug. 1, 1905</b>	9. AGE (In years last birthday) <b>48</b>	IF UNDER 1 YEAR Months <b>6</b> Days <b>27</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>		11. BIRTHPLACE (State or foreign country) <b>Missouri</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>					

13a. FATHER'S NAME <b>Frank Ziegemeier</b>		13b. MOTHER'S MAIDEN NAME <b>Philmonia Schutte</b>		14. NAME OF HUSBAND OR WIFE <b>None</b>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Albert Ziegemeier, St. Chas., Mo.</b>	
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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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Streptococcic sore throat</b>		<b>48 hrs.</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Throat</b> DUE TO (c) <b>Low Grade Imbecile (Mongoloid) life</b>		
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 <b>051X</b>	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)
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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 **Feb 28, 1954**, to **Feb 28<sup>th</sup>, 1954**, that I last saw the deceased alive on **Feb 28, 1954**, and that death occurred at **7 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>A. Parich Schuly, M.D.</b>	23b. ADDRESS <b>St. Charles, Mo. 16 E. Jefferson St.</b>	23c. DATE SIGNED <b>Mar 2, 54</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>March 3, 1954</b>	24c. NAME OF CEMETERY OR CREMATORY <b>St. Chas. Borromeo Cmty.</b>	24d. LOCATION (City, town, or county) (State) <b>St. Chas., Mo.</b>
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DATE REC'D BY LOCAL REG. <b>Feb 28, 1954</b>	REGISTRAR'S SIGNATURE <b>Francine Hurrell</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>W. C. Dellmeyer, St. Chas., Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
0.48

9920  
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**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 Frank R. Amelang

Licensed Embalmer No. 4832

P. O. Address St. Charles

**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.