

Health,
& Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

46908

STATE FILE NUMBER

FILED JAN 7 1958

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 3250

300
v. 1-57

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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, give TOWNSHIP only) OR TOWN Frontenac		c. CITY OR TOWN Frontenac 4810	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Clayton & Lindberg		d. STREET ADDRESS (If outside, give location) 10333 Clayton Rd.	
Length of stay in 1b years		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last ARTHUR FREDERICK ZIERN			4. DATE OF DEATH Month Day Year Dec. 20, 1957		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 8, 1890	9. AGE (In years last birthday) 67	IF UNDER 1 YEAR Months 5 Days 12	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) Dealer	10b. KIND OF BUSINESS OR INDUSTRY Antique's	11. BIRTHPLACE (City and state or country) St. Louis, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Charles Ziern	13b. MOTHER'S MAIDEN NAME Marie Schnardthorst	14. NAME OF HUSBAND OR WIFE Anna Mangels Ziern
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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 Address Anna Mangels Ziern, 10333 Clayton Rd.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Multiple internal injuries as a direct result of accident trauma		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Struck by car while walking across Clayton Road
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20c. TIME OF INJURY Hour Month, Day, Year 5:40 p.m. 12/20/57	from the south side in a northeastwardly direction
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20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) public road	20f. CITY, TOWN, OR LOCATION COUNTY STATE Frontenac 480 St. Louis Mo.
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21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at _____ on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Raymond H. Kern, Coroner	22b. ADDRESS 651 Brentwood Blvd. Clayton	22c. DATE SIGNED 12/27/57
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23a. BURIAL, CREMATION, OR REMOVAL (Specify) Burial	23b. DATE Dec. 23, '57	23c. NAME OF CEMETERY OR CREMATORY Sunset Cemetery	23d. LOCATION (City, town, or county) (State) St. Louis County, Missouri
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24. FUNERAL DIRECTOR ADDRESS Ambruster Mortuary, 6633 Clayton Rd.	25. DATE RECD. BY LOCAL REG. 12-23-57	26. REGISTRAR'S SIGNATURE Herbert R. Donohue MD
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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

JAN 10 1958

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
Signature of Student Embalmer

Signed *Paul J. Farmer*

Licensed Embalmer No. *1788*
P. O. Address *St. Louis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.