

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-043216

FILED VS DEC 5 1960

306

Primary Registration District No. ~~6048~~ 4453 Registrar's No. 29

STATE FILE NUMBER

NDED

1. PLACE OF DEATH a. COUNTY St. Charles				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) STATE Missouri COUNTY St. Charles			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Peters		Length of stay in 1b 50 yrs		c. CITY OR TOWN St. Peters,		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION at home			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Catherine Ziegemeier				4. DATE OF DEATH Month Day Year Nov. 27 1960			
5. SEX Female	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 1-5-1879	9. AGE (last birthday) 81	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housework			10b. KIND OF BUSINESS OR INDUSTRY home	11. BIRTHPLACE (City and state or country) Centralia, Ill		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Charles Bernard			13b. MOTHER'S MAIDEN NAME Margaret Conoyer		14. NAME OF HUSBAND OR WIFE James Ziegemeier		
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 Address Mo. John Ziegemeier Sr. St. Peters,				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infarction Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) arterio sclerotic Heart Disease DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown						INTERVAL BETWEEN ONSET AND DEATH 6 hours	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input 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.)				
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from Nov 25-1960 to Nov 27-1960 and last saw her him alive on Nov 27-1960 . Death occurred at 1230 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Vincent A. Schumacher MD (Degree or title)				22b. ADDRESS St Charles, Mo		22c. DATE SIGNED 11/29/60 (State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Nov. 30, 1960	23c. NAME OF CEMETERY OR CREMATORY All Saints Cemetery		23d. LOCATION (City, town, or county) St. Peters, Mo.			
24. FUNERAL DIRECTOR Geo. Stiefvater, St. Peters, Mo. ADDRESS			25. DATE RECD. BY LOCAL REG. 11/30/1960		26. REGISTRAR'S SIGNATURE Earl Keithly		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

J. Allen Davis

Licensed Embalmer No. 5139

P. O. Address O'Fallon, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.