DEC 27 1928

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

41427

1. PLACE OF DEATH
County Jefferson
Township Rock
City ..... (No. ..... St. ..... Ward)

Registration District No. 423
Primary Registration District No. 5578

File No. 36
Registered No. .....

2. FULL NAME Mary L Ziegelmeier
(a) Residence. No. Maxville Mo St., ... Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Joseph Ziegelmeier

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 15 1865

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
62	11	17	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work House Home Work
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Maxville Mo
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER Adam Gangthoff
11. BIRTHPLACE OF FATHER (CITY OR TOWN) America
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Magdalena Hefferling
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Germany
(STATE OR COUNTRY)

14. INFORMANT Gus Ziegelmeier
(Address) Kimmswick Mo #1

15. FILED 12/4 1928 H. Wm. Ebel
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 2 1928

17. I HEREBY CERTIFY, That I attended deceased from Nov. 21st, 1928 to Dec 2, 1928 that I last saw her alive on Dec. 1st, 1928 and that death occurred, on the date stated above, at 2 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Lobar Pneumonia

10 Hrs 10 Hrs (duration) ..... yrs. ..... mos. 11 ds.

CONTRIBUTORY (SECONDARY) ..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? No DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Sputum and consolidation of lung
(Signed) W. J. F. Kirk, M. D
12/4, 1928 (Address) Kimmswick Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Immaculate Conception
DATE OF BURIAL Dec 5 1928

20. UNDERTAKER John G Koch
ADDRESS Fenton Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.