WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

18015

File No. 18015

Registered No. 4214

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1133

City St Louis (No. 4031, Easton Ave St. ..... Ward)

2. FULL NAME Henry G. Zies

(a) Residence, No. 4031 Easton Ave St., 11 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: Male

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~~ Mary Zies

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb - 11 - 1864

7. AGE: Years 47 | Months 3 | Days 29 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ice + Coal

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dealer

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis

FATHER

13. NAME Adam Zies

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER

15. MAIDEN NAME Elizabeth Fay

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Mary Zies
(ADDRESS) 4031 Easton Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cem DATE May - 13 1933

19. UNDERTAKER Cullin and Bro.
(ADDRESS) 1710 N. Grand Ave

20. FILED MAY 12 1933 F. Bredeck
Registrar.

5 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 10, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb. 15, 1933, to May 10, 1933

I last saw him alive on May 10, 1933. Death is said to have occurred on the date stated above, at 12.15 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	
Pulmonary edema	
Arteriosclerosis	
936	
934	

Other contributory causes of importance:
Hypostasis
Chron. Endocarditis

Name of operation ..... Date of .....
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) R. C. Stuhlmann M. D.
(Address) 12 Lorenz Hebster Grove Ave

920

Dr. H. C. Muehlmann