

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

JUN 28 1937

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

Do not use this space.

File No. **21170**
 Registered No. **23**
 St. _____ Ward _____

1. PLACE OF DEATH
 County **St. Charles** Registration District No. **760 B**
 Township **Dardenne** Primary Registration District No. **4.5.81**
 City **St. Peters** (No. **7**) St. _____ Ward _____

2. FULL NAME **Joan Mary Zerr**
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)
 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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **May 27, 1937**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min. **5**

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
 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. Peters, M.**

MOTHER / FATHER 13. NAME **Ernest Zerr**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Peters, Mo.**

MOTHER 15. MAIDEN NAME **Clementine Schneider**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Peters, Mo.**

17. INFORMANT **Ernest Zerr** (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE **St. Peters, Mo.** DATE **May 27, 1937**

19. UNDERTAKER **Geo. Stiefvater** (ADDRESS) **St. Peters, Mo.**

20. FILED **May 27, 1937** **E. A. Richer** Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 27, 1937**

22. I HEREBY CERTIFY, That I attended deceased from **May 21, 1937**, to **May 27, 1937**
 I last saw him alive on **May 27, 1937** Death is said to have occurred on the date stated above, at **5 A.m.**
 The principal cause of death and related causes of importance were as follows:

Permaten Birth at 5 months gestation
Cause not known
 Date of onset _____
 Other contributory causes of importance: _____
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Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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) **J. M. J. [Signature]**, M. D.
 (Address) **St. Peters, Mo.**

