

REC'D SEP 12 1938

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

27245  
Do not use this space.  
7259

1. PLACE OF DEATH

(a) County .....  
(b) Township .....  
(c) City St. Louis  
(d) Street No. 3883 Connecticut St.  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Otto Ziesse

(a) Residence, No. 3883 Connecticut St. St. 16  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 Amanda Ziesse

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July, 20-1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
75 0 25

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Cigar Mfg.  
9. Industry or business in which work was done, as 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) Germany

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Amanda Ziesse  
(ADDRESS) 3883 Connecticut St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mo. Crematory DATE Aug. 17th., 1938

19. FUNERAL DIRECTOR Wacker-Helderle  
(ADDRESS) 2331 S. Broadway

20. FILED AUG 17 1938 J. B. Prelick Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 14th., 1938

I HEREBY CERTIFY, That I attended deceased from March 31, 1938 to Aug 14, 1938  
I last saw him alive on Aug 5, 1938 Death is said to have occurred on the date stated above, at 3.15 A.M.  
The principal cause of death and related causes of importance were as follows:

Myocarditis, chronic  
93c

Other contributory causes of importance:  
Coronary Artery Disease  
Generalized Arteriosclerosis

Name of operation Clinical Date of 1938  
What test confirmed diagnosis Clinical 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 Pierce W. Powers, M. D.  
(Signed) Pierce W. Powers, M. D.  
(Address) 2531 So. Jefferson

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.

STATEMENT BY LICENSED EMBALMER

I, Robert Wheeler, Licensed Embalmer No. 2178

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

..... L. E. ....

No. .... or by ..... Registered Apprentice No. ....

working under my personal supervision.

Signed Robert Wheeler

Licensed Embalmer No. 2178

**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.)**