

Registration District No. 701

Primary Registration District No. _____

Registrar's No. 10602

1. PLACE OF DEATH: 1003
 (a) County _____
 (b) City or town St. Louis, Mo.
 (c) Name of hospital or institution:
De Paul Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 In this community _____
 years, months or days (Specify whether _____)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County St. Louis
 (c) City or town Allenton
 (If outside city or town limits, write "RURAL") NR
 (d) Street No. _____
 (If rural, give location) _____
 (e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME Mary Zieger
 (b) If veteran, name war _____
 (c) Social Security No. 266

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Single
 (b) Name of husband or wife Single
 (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Nov. 4 1878
 (Month) (Day) (Year)

8. AGE: Years 61 Months 1 Days 6
 If less than one day _____ hr. _____ min.

9. Birthplace Pacific, Missouri
 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business C

MOTHER FATHER
 { 12. Name Selix Zieger
 { 13. Birthplace Germany
 { 14. Maiden name Amelia Brudiek
 { 15. Birthplace Pacific, Germany
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Joe Zieger
 (b) Address R. R. Allenton St. Louis, Co. Mo.

17. (a) Removal (b) Date thereof 12/12/39
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Pacific, Mo.

18. (a) Signature of funeral director Albert H. Hoppe.
 (b) Address 4390 Washington Ave.

19. (a) DEC 11 1939 (b) J. Brudiek
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 10
 year 1939 hour 9 minute P. M.
 21. I hereby certify that I attended the deceased from Nov. 22, 1939
1939, 19 to Dec. 10, 1939
 that I last saw her alive on Dec. 10, 1939
 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Pancreatitis
 Duration 3 wks

Due to _____
 Due to _____
 Other conditions _____
 (Include pregnancy within 3 months of death)

PHYSICIAN
 Major findings: Acute pancreatitis
 Of operations _____
 Of autopsy None
 Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____
 (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place)
 (e) Means of injury 1

23. Signature Edward Melbring (M. D. or other) M. D.
 Address 4963 Fountain Date signed 12/11/39

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.

WHILE FILLING IN—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1939

STATEMENT BY LICENSED EMBALMER

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

....., Registered Apprentice No.....

working under my personal supervision.

Signed..... *Albert G. Hoffner*

Licensed Embalmer No. *2991*

P. O. Address.....

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 this body is not embalmed, above space should be left blank.)