

Registration District No. 660Primary Registration District No. 4396

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Perry
 (b) City or town Perryville Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community _____ years, months or days) 74 years

3. (a) PRINT FULL NAME Felicita Ziegler3. (b) If veteran,
name war _____3. (c) Social Security
No. _____4. Sex Female 5. Color or
race White6. (a) Single, widowed, married,
divorced Widowed

6. (b) Name of husband or wife

John Ziegler6. (c) Age of husband or wife if
alive _____ years7. Birth date of deceased June 24
(Month) (Day) (Year)1865

8. AGE:

Years

Months

Days

If less than one day

74629

hr. min.

9. Birthplace

Perry Co.

(City, town, or county)

Missouri

(State or foreign country)

10. Usual occupation

House Work

11. Industry or business

12. Name Paul Neels

13. Birthplace

Holland

(City, town, or county)

(State or foreign country)

14. Maiden name

Sopha Desmat

15. Birthplace

Holland

(City, town, or county)

(State or foreign country)

15. (a) Informant's own signature

Mary Ziegler

(b) Address

Perryville Mo.17. (a) Burial

(Burial, cremation, or removal)

(b) Date thereof

Jan. 26 1940

(Month) (Day) (Year)

(c) Place: burial or cremation

Perryville Mo.

18. (a) Signature of funeral director

Young & Sons

(b) Address

Perryville Mo.19. (a) Jan 25 1940

(Date received local registrar)

Joe J. Zochner

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Parry
 (c) City or town Perryville Mo.
 (If outside city or town limits, write "RURAL")
 (d) Street No. 0
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 23
year 1940 hour 6 minute 45 P.M.21. I hereby certify that I attended the deceased from
Jan 15, 1940, to Jan 23, 1940
that I last saw h. & R. alive on Jan 23, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death

Cerebral apoplexy.

Duration

8 days

Due to

Arteriosclerosis General

Due to

Hypertension

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

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)

(a) Means of injury

23. Signature

Oscar Carr

(M. D. or other)

Address

Perryville MoDate signed 1-25-40

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.....

Licensed Embalmer No. 2138

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.