

No. 2  
1-10-39  
-17-39  
K21492

MAR 25 1941

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 1213

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
In Auto at Residence 3845 Fillmore 3  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community 40 YRS. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 18  
St Louis  
(c) City or town \_\_\_\_\_  
(If outside city or town limits write "RURAL")  
(d) Street No. 3845 Fillmore  
(If rural give location)  
(e) Foreign born, how long in U.S. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 4  
year 1941 hour 2:30 minute P M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_;

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_ and that death occurred on the date and hour stated above.

Immediate cause of death: Carbon Monoxide Poisoning Duration \_\_\_\_\_  
When Deceased was found seated in the front seat of his car in the garage in rear of his home with a hose attached from Exhaust Pipe and leading into the rear window on Feb 4th 1941 at about 3 PM

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: 163 M  
Of operations: \_\_\_\_\_  
Of autopsy: 163  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Paul Ziemer

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Gretta Lawson Ziemer 6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased February 4 1884  
(Month) (Day) (Year)

8. AGE: Years 57 Months -- Days -- If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Holland Indiana  
(City, town, or county) (State or foreign country)

10. Usual occupation Merchant  
Industry or business Sartorius Packing Co

12. Name Valentine Ziemer  
13. Birthplace Germany 4  
(City, town, or county) (State or foreign country)

14. Maiden name Anna Marie Schroeder  
15. Birthplace Germany 4  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Gretta Ziemer  
(b) Address 3845 Fillmore

17. (a) Burial (b) Date thereof Feb 6 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Beiderwieden Funl Home Inc  
(b) Address 1986 St. Louis Ave

19. (a) FEB 6 1941 (b) J. N. Bredeck  
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) Suicide  
(b) Date of occurrence 4 Feb 1941  
(c) Where did injury occur? St Louis Me  
(City or town) (County) (State)  
(d) Did injury occur in \_\_\_\_\_ about home, on farm, in industrial place, in public place?  
Home (Specify type of place)

While at work? \_\_\_\_\_ (Specify type of place)  
(a) Means of Injury \_\_\_\_\_  
23. Signature Alfred Perry (M. D. or other) \_\_\_\_\_  
Address St. Louis Date signed 2/5/41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

34  
00  
17  
9

5

---

**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.....

*[Handwritten Signature]*  
.....  
Licensed Embalmer No. 3737

P. O. Address 1936 St. Louis

**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.**