

Registration District No. 101

Primary Registration District No. 101

Registrar's No. 567

1. PLACE OF DEATH:
 (a) County St. Louis
 (b) City or town Clayton
 (c) Name of hospital or institution: St. Louis County Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3 mos. 20 days
 In this community 13 months
 years, months or days

3. (a) PRINT FULL NAME Ziegelmeier, Frances
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced widowed
 6. (b) Name of husband or wife Peter 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Oct. 15 1869
 (Month) (Day) (Year)

8. AGE: Years 71 Months 4 Days 27 If less than one day
 hr. _____ min. _____

9. Birthplace St. Louis Mo.
 (City, town, or county) (State or foreign country)

10. Usual occupation Nil

11. Industry or business _____

MOTHER FATHER { 12. Name Frank Schmidt
 13. Birthplace St. Louis, Mo.
 (City, town, or county) (State or foreign country)
 14. Maiden name Mummy Anna Schubert
 15. Birthplace Germany
 (City, town, or county) (State or foreign country)

16. (a) Informant Peter Ziegelmeier

(b) Address Lemay, Mo.

17. (a) Burial (b) Date thereof 3-14-41
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Matteson, Mo.

18. (a) Signature of funeral director Frank Hanks

(b) Address 7420 N. Michigan

19. (a) MAP 13 1941 (b) Frances Ziegelmeier
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County St. Louis
 (c) City or town Lemay
 (If outside city or town limits, write "RURAL")
 (d) Street No. Butler Hill & Ams Rd.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? 1 years.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month March day 12th
 year 1941 hour 6:40 minute A. M.

21. I hereby certify that I attended the deceased from 11/22/40, 19____, to 3/12/41, 19____;
 that I last saw her alive on 3/12/41, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death Generalized arterio-sclerosis
 Duration 3 yrs

Due to _____

Due to _____

Other conditions Intertrochanteric fracture left femur
 (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence 09/6

(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) (Means of injury)

23. Signature Johnston (M. D. or other) 0

Address Co. 1st Date signed 3-12-41

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

3226

APR 9 1941

1952

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 Oliver E. Fenner

Licensed Embalmer No. 4148

P. O. Address St. Louis, Mo.

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, fact should be so stated above.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 11950
Registrar's No. 567-

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County. St. Louis Clayton
(b) City or town. St. Louis Clayton
(c) Name of hospital or institution: St. L. Co.
(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)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME. Francis Giegebmeyer

3. (b) If veteran. 3. (c) Social Security No.

4. Sex. 7 5. Color or race. W 6. (a) Single, widowed, married, divorced. W

6. (b) Name of husband or wife. 6. (c) Age of husband, or wife, if alive. year

7. Birth date of deceased. (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
71 hr. min.

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

10. Usual occupation.

11. Industry or business.

12. Name.

13. Birthplace. (City, town, or county) (State or foreign country)

14. Maiden name.

15. Birthplace. (City, town, or county) (State or foreign country)

16. (a) Informant.

(b) Address.

17. (a) (Burial, cremation, or removal) (b) Date thereof. (Month) (Day) (Year)

(c) Place: burial or cremation.

18. (a) Signature of funeral director.

(b) Address.

19. (a) 3-13-41 (Date received local registrar) (b) T. Meyer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH. Month Mar day 12 year 41
hour. minute. M.

21. I hereby certify that I attended the deceased from 19..... to 19.....
that I last saw him alive on
and that death occurred on the date and hour stated above.

Immediate cause of death. Sen. Arterio-sclerosis

Due to.

Due to.

Other conditions. Intertrochanteric fracture of femur

(Include pregnancy within 3 months of death)

Major findings: Of operations.

Of autopsy.

Duration
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). accident

(b) Date of occurrence. 11/22/40

(c) Where did injury occur? home (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? home

While at work? no (Specify type of place) (e) Means of injury. fall

23. Signature. Johnston (M. D. or other)

Address. Calhoun Date signed.

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

SUPPLEMENTARY

11

2008