S. No. 2
M—5-43
5-17-39
1 X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 60840

FILED JAN 12 1944

Registration District No. 18 Primary Registration District No. 1003 Registrar's No. 11916

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Christian Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County 001 12
(c) City or town St. Louis 7 16 (If outside city or town limits, write "RURAL")
(d) Street No. 3144 Portis Ave (If rural, give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country 0

3. (a) PRINT FULL NAME NELLIE ZIEGLER WITHINGTON
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race white
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Bale Withington
6. (c) Age of husband or wife if alive 71 years
7. Birth date of deceased Jan. 27th 1875 (Month) (Day) (Year)

8. AGE: Years 68 Months 11 Days 3 If less than one day hr. min.
9. Birthplace (City, town, or county) Mo 0 (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
MOTHER FATHER
12. Name William Ziegler
13. Birthplace St. Louis Mo 0 (City, town, or county) (State or foreign country)
14. Maiden name Nester Conway
15. Birthplace Ohio (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. A. G. Crouse
(b) Address 5505 Devonshire Ave
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-3-44 (Month) (Day) (Year)
(c) Place: burial or cremation Mt Hope Mausoleum
18. (a) Signature of funeral director Muegsbauer Martin
(b) Address 4828 Lindenwood
19. (a) DEC 30 1943 (Date received local registrar) (b) J. J. Bradley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 30 year 1943 hour 2 minute 30 A.M.
21. I hereby certify that I attended the deceased from 11-28-43, 19..., to 12-30, 1943 that I last saw her alive on 12-29, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Lobar Pneumonia
Due to Types 2 & 23.
Due to
Other conditions Chronic Nephritis
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy 168

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? (Specify type of place)
While at work? (e) Means of injury 0
23. Signature Matt J. Lund (M. D. or other) M.D.
Address 5738 W Florissant Date signed 12-30-43 (Crowe)

844

(Licensed Embalmer's Statement on Reverse Side)

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. Richard W. Stoessard

Licensed Embalmer No. 4007

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, fact should be so stated above.