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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 1 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 16895

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4812

1. PLACE OF DEATH:

(a) County

(b) City or town St, Louis, Missouri.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Christian Hospital. 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Month 15 Days.
(Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

(c) City or town St, Louis. (18) 924
(If outside city or town limits, write "RURAL")

(d) Street No. 3651 Wisconsin Avenue.
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Sophie Ziebol.

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White 1

6. (a) Single, widowed, married, divorced Widowed. 2

6. (b) Name of husband or wife George Ziebol

6. (c) Age of husband or wife if alive Dec'd. years

7. Birth date of deceased Nov. (Month) 14 (Day) 1883 (Year)

8. AGE: Years 60 Months 6 Days 9 If less than one day hr. min.

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

10. Usual occupation Housewife.

11. Industry or business

FATHER
12. Name Christ Mueller.
13. Birthplace (City, town, or county) Don't Know. (State or foreign country)

MOTHER
14. Maiden name Catherine Ehrhardt.
15. Birthplace (City, town, or county) Don't Know. (State or foreign country)

16. (a) Informant Phillip Ziebol.
(b) Address 3651 Wisconsin Avenue.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/25/44 (Month) (Day) (Year)
(c) Place: burial or cremation St, Marcus Cemetery.

18. (a) Signature of funeral director Geo.L.Pleitsch, Inc.
(b) Address 5966 Easton Ave, St, Louis, Mo.

19. (a) MAY 25 1944 (Date received local registrar) (b) J. F. Budeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 22 year 1944 hour 2 minute 40 P.M.

21. I hereby certify that I attended the deceased from Mar 1st, 1944, to May 22, 1944, that I last saw h. Eh alive on May 22, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Sigmoid

Due to Carcinoma of Uterus Primary site Uterus

Due to

Other conditions Chronic Myocarditis
(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)

(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

23. Signature Ralph O. McElvain (M. D. or other) M.D.

Address 4356 Warne av Date signed 5/23/44

(Licensed Embalmer's Statement on Reverse Side)

Dr. R. C. McElvain.
4356 Waine Avenue.
1 to 5 P.M.

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 Ben Hofman

Licensed Embalmer No. 4366

P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.