

S. No. 2  
DM-8-43  
v. 5-17-39  
X37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED SEP 28 1944

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **31677**  
Registrar's No. **136**

Registration District No. **316** Primary Registration District No. **3059**

1. PLACE OF DEATH:  
(a) County **St. Francois**  
(b) City or town **Bonne Terre, Mo.**  
(c) Name of hospital or institution: **Bonne Terre Hospital**  
(d) Length of stay: In hospital or institution **1 hour**  
In this community **1 hour**  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Mo.** (b) County **St. Francois**  
(c) City or town **Deer Lodge**  
(d) Street No. \_\_\_\_\_  
(e) Citizen of foreign country? **No**

3. (a) PRINT FULL NAME **PATRICIA LOIS ZIEBA**  
(b) If veteran, name war \_\_\_\_\_ (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **July** day **26**  
year **1944** hour \_\_\_\_\_ minute \_\_\_\_\_ M.

4. Sex **female** 5. Color or race **white**  
6. (a) Single, widowed, married, divorced **single**  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **July 26 1914**  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **July 26** 19**44** to **July 26** 19**44**  
that I last saw her alive on **July 26** 19**44**  
and that death occurred on the date and hour stated above.

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

Immediate cause of death **etretusis**  
Due to **Premature birth**  
**type ectopic**  
Due to **Placenta praeva**

9. Birthplace **Bonne Terre Hospital**  
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) **159**

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_  
12. Name **John Zieba**  
13. Birthplace **Deer Lodge Missouri**  
14. Maiden name **Mary Zieba**  
15. Birthplace **Deer Lodge Missouri**

PHYSICIAN  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

16. (a) Informant **Frank Zieba**  
(b) Address **Farmington, Mo.**  
17. (a) **burial** (b) Date thereof **July 29 1944**  
(c) Place: burial or cremation **Deer Lodge**

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

18. (a) Signature of funeral director **C. Boye**  
(b) Address **Deer Lodge**  
19. (a) **Aug 9 1944** (b) **James H. John**  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place) \_\_\_\_\_  
(c) Means of injury \_\_\_\_\_  
23. Signature **H. O. Haeble** (M. B. or other) \_\_\_\_\_  
Address **Deer Lodge** Date signed **7-17-44**

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

MOTHER FATHER

RECEIVED

District Health Officer No. 4  
District File Number 944-4341  
Date Filed 9-26-44

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 E. F. Boyer

Licensed Embalmer No. 1471

P. O. Address Heritage 2nd

**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.