S. No. 2
M—5-43
. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 2 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 15360

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3653

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: 1130 KENTUCKY AV. (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 MISSOURI (b) County

(c) City ~~or town~~ ST. LOUIS (If outside city or town limits, write "RURAL")

(d) Street No. 1130 KENTUCKY AV. (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME FRED. W. ZIEM.

3. (b) If veteran, name war NO

3. (c) Social Security No.

4. Sex MALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced WIDOWER

6. (b) Name of husband or wife

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

7. Birth date of deceased SEPT. (Month) 21 (Day) 1866 (Year)

8. AGE: Years 79 Months 6 Days 28 If less than one day hr. min.

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

10. Usual occupation NIL

11. Industry or business

FATHER
12. Name ZIEM
13. Birthplace Unk (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name "
15. Birthplace " (City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address 1030 Kentucky Av

17. (a) BURIAL (Burial, ~~cremation, or removal~~) (b) Date thereof APRIL-23-46 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ New Pickers Cem.

18. (a) Signature of funeral director E. J. Schnur
(b) Address 3125 LAFAYETTE AV.

19. (a) APR 21 1946 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 19 year 1946 hour 3 minute 30 P.M.

21. I hereby certify that I attended the deceased from Jan 20 40 to Apr 19 1946 that I last saw him alive on Apr 3 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis

Due to Mitral Regurgitation

Due to

Other conditions (Include pregnancy within 3 months of death) 92

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 [illegible] (M. D. ~~or other~~) MD

Address 1446 S. Grand Date signed 4-20-46

(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 Jos B Vollmer

Licensed Embalmer No. 6414

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.