No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 27 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19646

Registration District No. 315 Primary Registration District No. 3070 Registrar's No. 1052

1. PLACE OF DEATH:
(a) County ST. LOUIS
(b) City or town WEBSTER GROVES
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 40 N. ROCK HILL RD.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution —
(Specify whether In this community 30 YRS years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County ST. LOUIS
(c) City or town WEBSTER GROVES
(If outside city or town limits, write "RURAL")
(d) Street No. 40 N. ROCK HILL RD.
(If rural, give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country —

3. (a) PRINT FULL NAME MARY CATHERINE ZIEGELMEYER
3. (b) If veteran, name war NO
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 JOHN ZIEGELMEYER
6. (c) Age of husband or wife if alive 84 years
7. Birth date of deceased MARCH 9 1864 (Month) (Day) (Year)

8. AGE: Years 83 Months 2 Days 12 If less than one day — hr. — min.

9. Birthplace ST. LOUIS (City, town, or county) MISSOURI (State or foreign country)
10. Usual occupation AT HOME
11. Industry or business —
12. Name HENRY DIERKER (Father)
13. Birthplace UNKNOWN (City, town, or county) GERMANY (State or foreign country)
14. Maiden name ANGELA STEPHENS (Mother)
15. Birthplace UNKNOWN (City, town, or county) GERMANY (State or foreign country)
16. (a) Informant JOHN ZIEGELMEYER
(b) Address 40 N. ROCK HILL RD. WEBSTER GROVES
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAY 24 1947 (Month) (Day) (Year)
(c) Place: burial or cremation OAK GROVE, CEM.
18. (a) Signature of funeral director Parker and Co
(b) Address WEBSTER GROVES, MO.
19. (a) 5-24-47 (Date received local registrar) (b) Carl A. Sharp M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 21 year 1947 hour 10 30 minute a M.
21. I hereby certify that I attended the deceased from March 8 1, 1947 to May 21, 1947 that I last saw h alive on May 14, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Acute Bronchitis	1 Month
Due to Generalized Arteriosclerosis	5 years
Due to Chronic Cystitis	5 years
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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 H. A. Gedrich (M. D. ~~or other~~)
Address 1 Ladue Date signed 5-24-47

(Licensed Embalmer's Statement on Reverse Side)

JUL 10 1947

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 Leslie Welch

Licensed Embalmer No. 4395

P. O. Address Webster Groves

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.