FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUL 22 1948
Registration District No. 818

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 24866
Registrar's No. 6211

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: Christain Hosp. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 Day (Specify whether
In this community 3 Day years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000 17
(c) City or town St Louis 9 (If outside city or town limits, write "RURAL")
(d) Street No. 4310 N. Broadway 0 (If rural, give location)
(e) Citizen of foreign country? 9 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mary Jane Zieres
3. (b) If veteran, name war — — —
3. (c) Social Security No. — — —

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife John A. Zieres
6. (c) Age of husband or wife if alive 74 years
7. Birth date of deceased Nov. (Month) 14 (Day) 1873 (Year)

8. AGE: Years 74 Months 7 Days 27 If less than one day ..... hr. ..... min.

9. Birthplace England (City, town, or county) 4 (State or foreign country)
10. Usual occupation House Wife
11. Industry or business

FATHER
12. Name Un Known
13. Birthplace " " (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name " "
15. Birthplace " " (City, town, or county) 9 (State or foreign country)

16. (a) Informant Myrtle Moore
(b) Address 1260 Gimblin St
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 14-1948 (Month) (Day) (Year)
(c) Place: burial or cremation Friedens Cem.
18. (a) Signature of funeral director Diedrich F. Home
(b) Address 8319 Hells Ferry Rd
19. (a) JUL 13 1948 (Date received local registrar) (b) J. F. Breneck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 11 year 1948 hour 8 15 minute A. M.
21. I hereby certify that I attended the deceased from July 8-48, 19..., to July 11th, 1948 that I last saw her alive on 7-11-48, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Obstruction Bowels
Due to Very Large Post Operative Ventral Hernia
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause of 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
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 W. W. Harris (M. D.)
Address 3505 N. Grand Date signed 7/13/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

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 Henry M. Brammer

Licensed Embalmer No. 4200

P. O. Address St. Louis

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.