FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED SEP 7 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 28540

Registration District No. 317 — Primary Registration District No. 6076 — Registrar's No. 1951

1. PLACE OF DEATH:
(a) County St Louis
(b) City or town MOLINE MO (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: MEMORIAL HALLS FERRY HOSP. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 WEEKS (Specify whether
In this community 2 WEEK 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. 1260 GIMBLIN St (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME JOHN S A. ZIERES
3. (b) If veteran, name war NONE
3. (c) Social Security No. 492-07-2084
4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife MARY ZIERES
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased MAY (Month) 8 (Day) 1875 (Year)

8. AGE: Years 73 Months 3 Days 8 If less than one day hr. min.
9. Birthplace St Louis (City, town, or county) Mo. (State or foreign country)
10. Usual occupation BED MAKER
11. Industry or business
FATHER
12. Name JOHN ZIERES
13. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)
MOTHER
14. Maiden name LOUISE SCHMIDT
15. Birthplace St Louis (City, town, or county) Mo. (State or foreign country)
16. (a) Informant Myrtle Moore
(b) Address 1260 Gimblin St
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof Aug. 19-1948 (Month) (Day) (Year)
(c) Place: burial or cremation FRIEDENS CEM.
18. (a) Signature of funeral director Diedrich F. Hanna
(b) Address 8319 Halls Ferry Rd.
19. (a) 8-18-48 (Date received local registrar) (b) Cecil A. Z. Shaver M.D. (Registrar's signature) (S.H.)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUG day 16 year 1948 hour 2 minute 00 M.
21. I hereby certify that I attended the deceased from Aug 1st, 1948, to Aug 16, 1948 that I last saw him alive on Aug 16, 1948 and that death occurred on the date and hour stated above.
Immediate cause of death Endocarditis
Due to Arterial Sclerosis & shock
Due to Amputation of both legs
Other conditions (Include pregnancy within 3 months of death) 92a
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
(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 N. Shaver (M. D. or other)
Address Lindell Bank. Bl. Date signed 8-17-48

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

N. Shaver, M.D.

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 Robert M. Murray

Licensed Embalmer No. 379

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.