

FILED MAR 15 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 5883

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 76

1. PLACE OF DEATH a. COUNTY <u>ST FRANCIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>STE. GENEVIEVE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>BONNE TERRE</u>		c. LENGTH OF STAY (in this place) <u>15 DAYS</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>BONNE TERRE Hospital</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RPM 1</u>	
d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ELVENA</u> b. (Middle) <u>CATHERINE</u> c. (Last) <u>ZIEGLER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>FEB 22 1950</u>
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>MARCH 8, 1869</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AT HOME</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <u>80</u> IF UNDER 1 YEAR Months <u>11</u> Days <u>14</u> IF UNDER 1 HR. Hours <u></u> Min. <u></u>
11. BIRTHPLACE (State or foreign country) <u>STE. GENEVIEVE MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>EMILE VOLT</u>		13b. MOTHER'S MAIDEN NAME <u>MARTHA D. DUDNEY</u>	14. NAME OF HUSBAND OR WIFE <u>WILLIAM C. ZIEGLER</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME (Print) #1 ADDRESS <u>Matthew Ziegler, Ste. Genevieve, Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>arterio &amp; mitral degeneration</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>Broncho-pneumonia</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>2-16</u> <u>50</u> , to <u>2-22</u> , <u>50</u> , that I last saw the deceased alive on <u>2-17</u> , <u>50</u> , and that death occurred at <u>9:30</u> a.m., from the causes and on the date stated above.			
23a. SIGNATURE <u>NO Gabel MD</u> (Degree or title)		23b. ADDRESS <u>St. Genevieve Mo</u>	23c. DATE SIGNED <u>3-6-50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>FEB 24 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Valle Spring</u>	24d. LOCATION (City, town, or county) (State) <u>Ste Genevieve Mo</u>
DATE REC'D BY LOCAL REG. <u>Mar 6 1950</u>	REGISTRAR'S SIGNATURE <u>Esther Rudloff</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Leo C. Dasher Ste. Genevieve Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300

10-48

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APR 1 1950

MAR 17 1950

RECEIVED

MAR 13 1950

DISTRICT HEALTH OFFICE No. 4

File No. 350-375

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Leslie A. Baker

Licensed Embalmer No. 1986

P. O. Address St. Kenneths, Va.

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.