

FILED AUG 23 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **29413**BIRTH NO. **57405-54** REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **547** Registrar's No. **1946**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Richmond Heights		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN (Rural) Normandy Township	
c. LENGTH OF STAY (In this place) 19 days		d. STREET ADDRESS (If rural, give location) 6918 Lexington Ave	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Hospital			

3. NAME OF DECEASED (Type or Print) MARY SUZANNE ZGRAGGEN			4. DATE OF DEATH Aug. 9, 1954		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH July 21, 1954		9. AGE (In years last birthday) 0 0 19
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10b. KIND OF BUSINESS OR INDUSTRY none		11. BIRTHPLACE (City and State or Foreign Country) Richmond Heights Mo.	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME George Zraggen		13b. MOTHER'S MAIDEN NAME Jean Weyer		14. NAME OF HUSBAND OR WIFE none	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME George Zraggen	
ADDRESS 6918 Lexington					

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hydrocephalus		DUE TO (b) Meningocele			19 days
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c)			19 days
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 751X			20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.)		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 **July 22, 1954**, to **Aug 9, 1954**, that I last saw the deceased alive on **Aug 19, 1954**, and that death occurred at **7:45 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Ruth G. Merritt M.D.		23b. ADDRESS 7309 Natural Budget Rd.		23c. DATE SIGNED 8/10/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 8/10/54		24c. NAME OF CEMETERY OR CREMATORY Calvary	
				24d. LOCATION (City, town, or county) (State) St. Louis, Mo.	

DATE REC'D BY LOCAL REG. 8/10/54		REGISTRAR'S SIGNATURE Hebert B. Tomberlin		FUNERAL DIRECTOR'S SIGNATURE Bullen Kelly	
				ADDRESS 7267 Natural Bridge	

(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 _____

Not Embalmed

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *James A. Lamme*
Licensed Embalmer No. *4142*

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.