

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-044167

STATE FILE NUMBER

Registration District No. 111 Primary Registration District No. 5426 Registrar's No. 34

FILED JAN 8 1962

AMENDED

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>		2. USUAL RESIDENCE (Where deceased lived if institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Franklin</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Boles Township</u>		Length of stay in lb <u>2 mo.</u>	c. CITY OR TOWN <u>Villa Ridge</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Villa Ridge</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>Villa Ridge</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Katie</u> Middle <u>B.</u> Last <u>Ziemann</u>			4. DATE OF DEATH Month <u>Dec</u> Day <u>26</u> Year <u>1961</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>12/30/1885</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home Maker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home St. Louis, Mo.</u>	9. AGE (last birthday) <u>75</u> IF UNDER 1 YEAR Months <u>11</u> Days <u>26</u> Hours <u></u> Min. <u></u> IF UNDER 24 HR.
11. BIRTHPLACE (City and state of country) <u>St. Louis, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>	
13. FATHER'S NAME <u>Claus Schulte</u>		13b. MOTHER'S MAIDEN NAME <u>Catherine Klingline</u>	
14. NAME OF HUSBAND OR WIFE <u>Louis P. Ziemann</u>		17. INFORMANT <u>Louis P. Ziemann, Villa Ridge, Mo.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			
18. CAUSE OF DEATH (Enter only one cause per line for <u>one</u> cause) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary occlusion</u> DUE TO (b) <u>Arterio sclerosis</u> DUE TO (c) <u>age</u> CONDITIONS, IF ANY, WHICH GAVE RISE TO ABOVE CAUSE (a), STATING THE UNDERLYING CAUSE LAST.			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Arterio sclerosis</u>			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u></u> Month, Day, Year <u></u> a.m. <u></u> p.m. <u></u>			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from <u>Oct 9, 1961</u> to <u>Dec 26, 1961</u> and last saw her alive on <u>Nov 13, 1961</u> Death occurred at <u>4:00 P.</u> m on the date stated above, and to the best of my knowledge, from the cause stated.			
22a. SIGNATURE <u>L O Munnich</u> (Degree or title) <u>M.D.</u>		22b. ADDRESS <u>750 E. Washington, Mo.</u> 22c. DATE SIGNED <u>12/21/61</u>	
23. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county, state)
<u>Burial</u>	<u>Dec. 29, 1961</u>	<u> Zion Cemetery</u>	<u> 749 1/2 E. Charles, Boles, Mo.</u>
24. FUNERAL DIRECTOR <u>Nieburg &amp; Sons, Washington, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>Dec. 29 - 1961</u>	26. REGISTRAR'S SIGNATURE <u>Mary B. Green</u>

MAY 17 1962

**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 \_\_\_\_\_  
Signature of Student Embalmer

Signed Lester A. Witt

Licensed Embalmer No. 3254

P. O. Address Washington, D.C.

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.