

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED APR 8 1943

Registration District No. 319

Primary Registration District No. 6079

Registrar's No. 12

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

500

1. PLACE OF DEATH:

(a) County. ST. LOUIS

(b) City or town. RURAL ST. LOUIS

(c) Name of hospital or institution

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. (Specify whether)

In this community years, months or days) (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State. MISSOURI (b) County. ST. LOUIS

(c) City or town. RURAL (If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country.

3. (a) PRINT FULL NAME WILLIAM M. ZIEGLER

3. (b) If veteran, name war. 3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month. MARCH day. 7 year. 1943 hour. 4:45 minute. A M.

4. Sex. MALE 5. Color or race. WHITE 6. (a) Single, widowed, married, divorced. MARRIED

6. (b) Name of husband or wife. ELVENA C ZIEGLER 6. (c) Age of husband or wife if alive. 74 years

7. Birth date of deceased. OCT 1 1859 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 1937 to March 7 1943, that I last saw him alive on Feb 27 1943, and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>83</u>	<u>5</u>	<u>6</u> hr. min.

Immediate cause of death. Acute Coronary Arteriosclerosis

9. Birthplace. ST. LOUIS MO (City, town, or county) (State or foreign country)

Due to Acute Coronary Arteriosclerosis } 10 days

Due to Chronic Myocarditis } Arteriosclerosis

10. Usual occupation. FARMER

Other conditions. (Include pregnancy within 3 months of death)

Major findings: 93d

11. Industry or business

MOTHER FATHER { 12. Name. MAURICE ZIEGLER

13. Birthplace. ST. LOUIS MO (City, town, or county) (State or foreign country)

14. Maiden name. PEGAGIE JAVIS

15. Birthplace. ST. LOUIS MO (City, town, or county) (State or foreign country)

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant. Matthew Ziegler

(b) Address. 2071 1/2 S. Dinwiddie Mo

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof. 3-9-43 (Month) (Day) (Year)

(c) Place: burial or cremation. ST. LOUIS MO

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?

18. (a) Signature of funeral director. Jesse C. Bush

(b) Address. 2071 1/2 S. Dinwiddie Mo

19. (a) Mar 8 1943 (b) T. W. Douglas (Date received local registrar) (Registrar's signature)

While at work? (Specify type of place) (e) Means of injury. 0

23. Signature. J. J. ... (M. D. or other) MI

Address. St. Louis Mo Date signed. 3-8-43

RECEIVED

District Health Officer No. 4
District File Number 443-2007
Date Filed 4-6-43

JAN 27 1948

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 Lee C. Bash

Licensed Embalmer No. 1985

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.