

**MISSOURI STATE BOARD OF HEALTH**  
**BUREAU OF VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

Do not use this space.

35208

**1. PLACE OF DEATH**

County.....

Registration District No.....

791

Township.....

Primary Registration District No.....

1003

City.....

St. Louis Mo. (N. Jewish Hospital)

File No.....

Registered No.....

10193

St.....

Ward.....

**2. FULL NAME**

Henry Ziegler

(a) Residence No.....

5401 Nagel

St.....

Ward.....

(If nonresident give city or town and State)

Length of residence in city or town where death occurred

ys.

mos.

ds.

How long in U.S., if of foreign birth?

ys.

mos.

ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX

MALE

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

Mary Ziegler

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

1-21-1870

7. AGE

YEARS

58

MONTHS

8

DAYS

25

If LESS than 1 day, ..... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Boiler Maker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

St. Louis

(STATE OR COUNTRY)

Mo

10. NAME OF FATHER

Andrew Ziegler

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Switzerland

12. MAIDEN NAME OF MOTHER

Don't Know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Switzerland

14.

INFORMANT

(Address)

Harry Ziegler  
5401 Nagel St St. Louis Mo

15.

FILED

101 17 1928 May 6 Starck of

REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

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16. DATE OF DEATH (MONTH, DAY AND YEAR)

Oct 16 1928

17.

I HEREBY CERTIFY, That I attended deceased from Aug 20 1928, to Oct 16 1928, that I last saw him alive on Oct 15 1928, and that death occurred, on the date stated above, at 6:50 A. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Cancer of stomach

468

44W

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

1 DID AN OPERATION PRECEDE DEATH?

Yes DATE OF Aug 7, 1928

WAS THERE AN AUTOPSY?

Yes

WHAT TEST CONFIRMED DIAGNOSIS

Operation + Cystoscopy  
Lorraine C. Cook, M. D.

(Signed)

10-17-1928 (Address) 603 Melrose Bl

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

SS Peter + Paul Ch

10-18 1928

20. UNDERTAKER

ADDRESS

Weick Bros 2201 S. Grand Bl

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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