

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

Do not use this space.

21197
File No. 21197
Registered No. 6059
St. _____ Ward _____

1. PLACE OF DEATH

County _____ Registration District No. **791**
Township _____ Primary Registration District No. **1003**
City **St. Louis Mo** (No. **5401**, **Nagel**)

2. FULL NAME **Harry Ziegler**

(a) Residence. No. **5401 Nagel** St. **N** Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male
4. COLOR OR RACE white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Adele Ziegler
6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1-25-1894
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
36 | **5** | **16** | =

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work. **Police officer**
(b) General nature of industry, business, or establishment in which employed (or employer).
(c) Name of employer. **City of St. Louis**

9. BIRTHPLACE (CITY OR TOWN) **St. Louis Mo**
(STATE OR COUNTRY)

10. NAME OF FATHER **Henry Ziegler**
11. BIRTHPLACE OF FATHER (CITY OR TOWN) **St. Louis Mo**
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER **Mary Bundschuh**
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) **St. Louis Mo**
(STATE OR COUNTRY)

14. INFORMANT **Adele Ziegler**
(Address) **5401 Nagel Ave**

15. FILED **23 1930**
Max O. Walker
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **June 21 1930**
17. I HEREBY CERTIFY, That I attended deceased from 7-5-1928 to June 21 1930 that I last saw him alive on June 21 1930, and that death occurred, on the date stated above, at 9:10 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
59
Diabetes mellitus
(duration) **2** yrs. mos. ds.

CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH _____

8 **DID AN OPERATION PRECEDE DEATH?** DATE OF _____

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) **Geo. W. Becker**, M. D.

4/23 . 1930 (Address) 3115 So Grand Blvd

*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 **S.S. Peter + Paul Ch.** **DATE OF BURIAL** **6-24 1930**

20. UNDERTAKER **WEICK Bros 2201 So Grand**
112 RICHOUQUETTE

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.

