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.

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

Do not use this space.

14209

1. PLACE OF DEATH

County..... Registration District No. 791

Township..... Primary Registration District No. 10003

City St Louis (No. 1304, Kentucky Ave St. ..... Ward)

File No. ..... Registered No. 3544

2. FULL NAME Felix Zieger

(a) Residence, No. 1304 Kentucky St., 18 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: Mary Zieger

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov 27 1849

7. AGE: Years 82 | Months 4 | Days 14 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

FATHER

13. NAME: Joseph Zieger

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER

15. MAIDEN NAME: unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Joseph Zieger 1304 Kentucky ave

18. BURIAL, CREMATION, OR REMOVAL: PLACE St Peter & Paul DATE 4-14 1932

19. UNDERTAKER (ADDRESS): Kriegshauser Mortuary 4104 Manchester

20. FILED APR 11 1932 Mar C. Marchel Jr. Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 4-10, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 31, 1932, to april 3rd, 1932

I last saw him alive on April 3, 1932. Death is said to have occurred on the date stated above, at 7:15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	10 yrs
97	
112	
95B	

Other contributory causes of importance:

Cardiac Insufficiency	Jan 15
Bronchial Asthma	" "

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 19..

Where did injury occur?.....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....

(Signed) Lelande H. Allen, M. D.

(Address) 5328 Page Blvd. St Louis Mo