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

Do not use this space.
34745

1. PLACE OF DEATH

County ..... Registration District No. 7911

Township ..... Primary Registration District No. ..... File No. ..... Registered No. 8910

City St. Louis. (No. Alexian Bros. Hospital. St. ..... Ward)

2. FULL NAME Fred Ziegler.

(a) Residence, No. 4308 Nebraska Ave. St., 15 Ward. (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.

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.

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

OCT 10 1933

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Single.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 26, 1880.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	52	9	17	

OCCUPATION

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

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

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 Stephen Ziegler.

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

MOTHER

15. MAIDEN NAME Margaret Graf.

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

17. INFORMANT John Ziegler (ADDRESS) 4308 Nebraska ave.

18. BURIAL, CREMATION, OR REMOVAL

PLACE SS. Peter & Paul Cem. DATE Oct. 16, 1933

19. UNDERTAKER J. H. Geisken Lr & Co. (ADDRESS) 2642 Meramec St.

20. FILED 10/20, 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 13, 1933.

22. I HEREBY CERTIFY, That I attended deceased from Oct 10, 1933, to Oct 13, 1933, 19..

I last saw him alive on Oct 13, 1933. Death is said to have occurred on the date stated above, at 3 P.M.

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

	Date of onset
Chronic myocarditis	1931
131	
93	
9	

Other contributory causes of importance: Chronic Interstitial Nephritis

Name of operation — Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? yes

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? No

If so, specify .....

(Signed) Jno. Y. L. Terre, M. D.

(Address) 4209 Virginia ave. 10/14/33