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

Do not use this space.

35138

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St Louis (No. 39th + Park St. ..... Ward)

File No. .....

Registered No. 9352

2. FULL NAME Moses S. Ziegler

(a) Residence, No. 1928 Arsenal St., 24 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: Bee Ziegler

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 9 1878

7. AGE: YEARS 55 | MONTHS 6 | DAYS 17 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Foreman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Bldg. Dept. Public Service Co.
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): Pennsylvania

FATHER

13. NAME: Henry M. Ziegler
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Pensylvania

MOTHER

15. MAIDEN NAME: Sarah K. Coffmann
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Pennsylvania

17. INFORMANT (ADDRESS): Mrs. Bee Ziegler, 1928 Arsenal St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE S. S. Peter + Paul DATE 10-31, 1933

19. UNDERTAKER (ADDRESS): Witt Bros. L + U Co, 2929 S. Jefferson Av.

20. FILED OCT 30 1933 19 J. F. Bredeck, Registrar.

MEDICAL CERTIFICATE OF DEATH

No Phy. in attendance

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct. 28, 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 9:45 a.m.

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

Obstruction of right coronary artery - with general arteriosclerosis

Date of onset

Other contributory causes of importance:

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

What test confirmed diagnosis? ..... 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? .....

If so, specify .....

(Signed) Harold [illegible] M.D.

10/30/33 (Address) Dep. Coroner

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.

NOV 10 1933

WHITE PENNEY, WITH UNFADING INK—THIS IS A PERMANENT RECORD