

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

Do not use this space.

1667

5-8-34
Feb 27 1934

1. PLACE OF DEATH
 County Jefferson Registration District No. 423
 Township Rock Primary Registration District No. 5978
 City Maxwell Mo (No. Maxwell Mo) St. Mo Ward 1423

2. FULL NAME Anton Ziegelmeier
 (a) Residence, No. Maxwell St. Mo Ward. Mo
 (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 NO 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED single (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 2 1849

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>84</u>	<u>3</u>	<u>7</u>	

OCCUPATION

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

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) German

MOTHER

13. NAME Frank Ziegelmeier

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

15. MAIDEN NAME Yud Thuman

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

17. INFORMANT (ADDRESS) Henry Ziegelmeier

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Maxwell DATE Jan 5 34

19. UNDERTAKER (ADDRESS) Fendler Yuel C
7814 Michigan

20. FILED Jan 3 1934 Phil J. Kirk
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 3 1934

22. I HEREBY CERTIFY, That I attended deceased from 11/21/33, 1933 to 1/3, 1934
 I last saw him alive on 1/2, 1933. Death is said to have occurred on the date stated above, at Mo.
 The principal cause of death and related causes of importance were as follows:
Pneumonia (Lobar)
 Date of onset

Other contributory causes of importance:
Senility

Name of operation _____ Date of _____
 What test confirmed diagnosis? Smear 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? No
 If so, specify None
 (Signed) C. T. Reich, M. D.
 (Address) St. Louis

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCASION or REASON is very important.

