

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

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.

DEC 3 1936

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

Do not use this space.

43031

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City St Louis (No. City Hospital No.1) St. Ward

B. 12162 William Zieger
2. FULL NAME
 (a) Residence, No. 2249 Montgomery St., 20 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) widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED
 HUSBAND OF Late Stella Zieger
 (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 13, 1874
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
61 11 9
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. tuckpointer
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) St. Louis, Missouri

13. NAME M. John Zieger

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

15. MAIDEN NAME Fredericka Rhodemeyer

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

17. INFORMANT (ADDRESS) Hosp. Info. M.H. Kent
City Hospital No.1

18. BURIAL, CREMATION, OR REMOVAL PLACE Bethany Cem. DATE Nov. 25th 1936

19. UNDERTAKER (ADDRESS) Wm. Reider, M.D. Co.
1117th Market St.
St. Louis

20. FILED NOV 23 1936
J.P. Predeck
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/23/36 1936

22. I HEREBY CERTIFY, That I attended deceased from
11/19/36, 1936, to 11/22/36, 1936

I last saw him live on 11/22/36, 1936. Death is said to have occurred on the date stated above, at 4.35 a.m.

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

Solar pneumonia

Other contributory causes of importance: 108

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....., 1936
 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) William L. Schroeder, M. D.
 (Address) City Hospital No.1

