

DEC'D MAY 10 1938

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

13227
Do not use this space.

1. PLACE OF DEATH

(a) County..... 2
1 Registration District No. 701
 (b) Township..... Primary Registration District No. 1008
 (c) City..... ST. LOUIS MO (d) Street No. 1432 A. N. 11 STR St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

GEORGE P. ZICKGRAF 261
 (a) Residence, No. 1432 A. N. 11 STR St. 25 (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE	4. COLOR OR RACE WHITE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) SINGLE
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) DEC 30 TH 1860		
7. AGE	YEARS 77	MONTHS 3
	DAYS 23	IF LESS than 1 day,hrs. ormin.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. RETIRED	11. Total time (years) spent in this occupation
	9. Industry or business in which work was done, as saw mill, bank, etc. GEN. LABOR	
	10. Date deceased last worked at this occupation (month and year) JAN 1933	
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ST. LOUIS MO	
MOTHER	13. NAME GEORGE P. ZICKGRAF	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY	
	15. MAIDEN NAME DONT KNOW	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY	
	17. INFORMANT (ADDRESS) Raymond G. Wilson 2508 A N. Market St.	
	18. BURIAL, CREMATION, OR REMOVAL PLACE CALVARY DATE APR 26 TH 1938	
	19. FUNERAL DIRECTOR (ADDRESS) BROCKLAND UND. CO 1827 HOGAN STR.	
	20. FILED APR 25 1938 J. P. Brudick Local Registrar	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) APR. 23RD 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 21 1938, to April 23 1938. I last saw him alive on Apr 18 1938. Death is said to have occurred on the date stated above, at 9 P. m.
 The principal cause of death and related causes of importance were as follows:
 Chronic Myocarditis
 Date of onset

Other contributory causes of importance:
 Debility

Name of operation clinical Date of operation
 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? No
 If so, specify (Signed) Robert J. Sanders, M. D.
 (Address) 442 N. 15th

(Licensed Embalmer's Statement on Reverse Side)

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.

STATEMENT BY LICENSED EMBALMER

I, John B. Brockland, Licensed Embalmer No. 93

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Me

..... L. E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed John B. Brockland

Licensed Embalmer No. 93

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)