22 1938

REC'D AUG 9 1938

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

Do not use this space.

1. PLACE OF DEATH
County St. Louis County | Registration District No. 784 | File No. 26436
Township | Primary Registration District No. 101 | Registered No. 1235
City Clayton (No. , Co. Hosp. St. Ward)

96

2. FULL NAME Edward Zeige Jr.
(a) Residence, No. Manchester Nursing Home St., Ward.
(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: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 9, 1860

7. AGE: 78 YEARS: 78 MONTHS: 4 DAYS: 9 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Nil - Labor?
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Nil
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 6

FATHER
13. NAME: Edward Zeige 6
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany 6

MOTHER
15. MAIDEN NAME: Emma Lee
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Manchester Nursing Home.

18. BURIAL, CREMATION, OR REMOVAL
PLACE St Louis U DATE 7-20 1938

19. UNDERTAKER (ADDRESS): W. Richter 3500 Rutger St

20. FILED JUL 22 1938 T. R. Meyer M.D. Dr. P.V. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 6, 1938

22. I HEREBY CERTIFY, That I attended deceased from 6/27 1938, to 7/6 1938
I last saw him alive on July 5 1938. Death is said to have occurred on the date stated above, at 4:50 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes	1930
Senility 59	?

Other contributory causes of importance:
Diabetic Gangrene of right foot

Name of operation: None Date of
What test confirmed diagnosis? Bl + Urine 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) M. L. Bartnick, M. D.
(Address) St. Louis County Hosp.

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.