

REC'D JUL 12 1939

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

20194
Do not use this space.

1. PLACE OF DEATH

(a) County 2 Registration District No. 791
(b) Township Primary Registration District No. 1008
(c) City St. Louis / (d) Street No. 2205 S. 10th St. 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.

Registered No. 5038

2. PRINT FULL NAME 246 Ann Zeigler

(a) Residence, No. 2205 S. 10th St. St. 23
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 17, 1879

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
60 4 14

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as 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) St. Louis
(STATE OR COUNTRY) Missouri 0

FATHER 13. NAME Michael Winkler 9
14. BIRTHPLACE (CITY OR TOWN) Unknown

MOTHER 15. MAIDEN NAME Louise Mars 6

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

17. INFORMANT Frank Lattner
(ADDRESS) 2205 S. 10th St.

18. BURIAL, CREMATION, OR REMOVAL New St. Marcus Cm. DATE 6/5/39

19. FUNERAL DIRECTOR (NAME) Weick Bros. Und. Co
(ADDRESS) 2201 S. Grand Bl.

20. FILED JUN 3 1939 J. D. Brubaker Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 1, 1939

22. I HEREBY CERTIFY That I attended deceased from May 7, 1938 to June 1, 1939
I last saw him alive on May 31, 1939 Death is said to have occurred on the date stated above, at 8 A.M.

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

mitral Stenosis Heart
Acute Dilatation Heart
Date of onset May 15 1938

Other contributory causes of importance:
Arteriosclerosis May 15 1938

Name of operation None Date of None
What test confirmed diagnosis? Heart tip 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?
If so, specify W. Salisbury, M. D.
(Signed) W. Salisbury
(Address) 3758 - Fayette

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.

11 X 16605

*In Salisbury
3258 Lafayette*

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

..... Registered Apprentice No.....
working under my personal supervision.

Signed *Vernon A. Stewart*

Licensed Embalmer No. 3722

P. O. Address 412 Duchouquette

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.)

If this body is not embalmed, above space should be left blank.