

JUL 3 1939

AUG JUL 8 1939

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

23226
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 784

(b) Township Bonhomme Primary Registration District No. 300

(c) City Manchester, Mo. (d) Street No. _____ St. _____

(e) Length of residence in city or town where death occurred 12 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME George J. Zieger

(a) Residence, No. Manchester, Mo. St. (If nonresident, give city or town and State)

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 Viola Manning Zieger

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 22, 1893

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hra. ormin.
	<u>45</u>	<u>6</u>	<u>10</u>	

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. R.R. Fireman

9. Industry or business in which work was done, as saw mill, bank, etc. Mo. Pacific

10. Date deceased last worked at this occupation (month and year) May 13, 1939 11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pacific, Mo.

13. NAME Samatz Zieger

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pacific, Mo.

15. MAIDEN NAME Elizabeth Williams

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pacific, Mo.

17. INFORMANT (ADDRESS) Viola Zieger Manchester, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE City Cemetery, Pacific, Mo. DATE July 5, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Schradt Funeral Home Baldwin, Mo.

20. FILED JUL 3 1939 G.R. Meyer Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 2, 1939

22. I HEREBY CERTIFY, That I attended deceased from June 23, 1939, to July 2, 1939

I last saw him alive on July 2, 1939. Death is said to have occurred on the date stated above, at 8:10 P.M.

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

Carcinoma of Stomach in pyloric region

Other contributory causes of importance: 46

Ischemia

Name of operation none Date of _____

What test confirmed diagnosis? Autopsy 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 home

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____ (Address) B. R. Loring, M. D. Baldwin, Mo.

(Licensed Embalmers' Statement on Reverse Side)

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.

1 X18605

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.....

Geo. Chader

Licensed Embalmer No. *3066*

P. O. Address *Bellevue, Mo*

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.