

S. No. 2  
-11-10-39  
5-17-39  
I X21492

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No.

23453

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 5898

I. PLACE OF DEATH:

(a) County St. Louis, Mo.  
(b) City or town St. Louis, Mo.  
(c) Name of hospital or institution:  
1623 Helen Street.  
(d) Length of stay: In hospital or institution 64 Years.  
In this community 64 Years.

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County \_\_\_\_\_  
(c) City or town St. Louis.  
(d) Street No. 1623 Helen Street.  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 12th.  
year 1940 hour 8 minute 20 P.M.

21. I hereby certify that I attended the deceased from January 1940 to July 1940  
that I last saw her alive on July 12 and that death occurred on the date and hour stated above.

Immediate cause of death Conscious Anemia  
Duration 304 years

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

23. Signature Thos. J. Stanford  
Address 418 N. Main Bldg. St. Louis Date signed 7/13/40

PHYSICIAN  
Underline the cause to which death should be charged statistically.

WRITE PLAINLY - USE UNFADING BLACK INK - MAKE A PERMANENT RECORD

3. (a) PRINT FULL NAME Catherine Ziegenfuss

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. None.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife John H. Ziegenfuss. 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased January 3, 1876  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
64 6 9 hr. min.

9. Birthplace St. Louis, Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation At Home.

11. Industry or business \_\_\_\_\_

12. Name of father John Gockel

13. Birthplace St. Louis, Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Catherine Wagner.

15. Birthplace St. Louis, Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Roy Ziegenfuss.

(b) Address 1623 Helen Street.

17. (a) Burial Burial (b) Date thereof 7-15-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Arthur J. Donnelly

(b) Address 3840 Lindell Bldg.

19. (a) JUL 13 1940 (b) J. F. Brecht  
(Date received local registrar) (Registrar's signature)

*Handwritten notes:*  
1031-1230  
Mark Kelly  
Handwritten

**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 W. Van Matre

Licensed Embalmer No. 2825

P. O. Address.....

**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.**