

No. 2
4-13-40
-17-39
X23159

APR MAY 9 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 15817

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 764

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Lemay, Mo.
(c) Name of hospital or institution: Ambs & Mattese Schl Rd.
(d) Length of stay: In hospital or institution 13 yrs.
In this community 13 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town Ambs & Mattese School Rd.
(d) Street No. Lemay
(e) If foreign born, how long in U. S. A. 0 years.

3. (a) PRINT FULL NAME (Frank) Joseph Ziegelmeier

3. (b) If veteran, name war no
3. (c) Social Security No. none

4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced, widowed

6. (b) Name of husband or wife Mary Ziegelmeier
6. (c) Age of husband or wife if alive years

7. Birth date of deceased July 8 1865
(Month) (Day) (Year)

8. AGE: Years 75 Months 8 Days 28
If less than one day hr. min.

9. Birthplace Maxville Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation retired farmer

11. Industry or business

12. Name Joseph Ziegelmeier

13. Birthplace Gernemy
(City, town, or county) (State or foreign country)

14. Maiden name Lena Hampel

15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Theresa Fuchs

(b) Address Lemay, Mo.

17. (a) burial (b) Date thereof 4-8-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maxville, Mo.

18. (a) Signature of funeral director Fendler Und. Co.

(b) Address 7420 Michigan Ave.

19. (a) APR 7 1941 (b) [Signature]
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr 6 day
year 1941 hour 1:30 minute A M.

21. I hereby certify that I attended the deceased from July 10
1938 to Apr 5 1941
that I last saw him alive on Apr 5 1941
and that death occurred on the date and hour stated above.

Immediate cause of death

Chronic Endocarditis?

Due to

Due to 920

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? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)

While at work? (Specify type of place) Means of injury

23. Signature Waldorff (M. D. or other)
Address Lemay Mo Date signed 4/7/41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

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 *Oliver E. Fensby*.....

Licensed Embalmer No. *4142*.....

P. O. Address *H. Linn, Wis.*.....

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, fact should be so stated above.