S. No. 2
M—5-42
5-17-39
PI X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 25 [redacted] 18

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

20203

State File No. 5541

Registration District No.

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County

(b) City or town St Louis Mo. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St Johns Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution One Week (Specify whether years, months or days)

In this community 42 Years 6 Mons 23 Days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County

(c) City or town St. Louis Mo. (If outside city or town limits, write "RURAL") 9

(d) Street No. 4103 N. Florissant Ave (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Charles Zugmaier

3. (b) If veteran, name war

3. (c) Social Security No. 492-01-9599

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Agnes Zugmaier

6. (c) Age of husband or wife if alive 35 years

7. Birth date of deceased 11 (Month) 22 (Day) 1900 (Year)

8. AGE: Years 42 Months 6 Days 23 If less than one day hr. min.

9. Birthplace Jefferson City (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Shoe Worker

11. Industry or business

FATHER 12. Name John Zugmaier

13. Birthplace Jefferson City (City, town, or county) Mo. 0 (State or foreign country)

MOTHER 14. Maiden name Theresa Lehmann

15. Birthplace Jef ferson City (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant Agnes Zug maier

(b) Address 4108 N. Florrisant Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-18-43 (Month) (Day) (Year)

(c) Place: burial or cremation Calvery Cemetery

18. (a) Signature of funeral director Goodhart & Goodhart

(b) Address 2228 St Louis Ave

19. (a) JUN 17 1943 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 15 year 43 hour 9 minute 15 a.m.

21. I hereby certify that I attended the deceased from June 9 1943, to June 15 1943 that I last saw him alive on June 15 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Hypertension Cardiovascular Renal Disease

Due to

Due to

Other conditions Chr. Bronchitis (Include pregnancy within 3 months of death)

Diabetes mellitus

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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? (e) Means of injury

23. Signature Morton A. Dill (M.D. or other) MD

Address 7346 a Manchester Date signed 6-16-43

(Licensed Embalmer's Statement on Reverse Side) Maplewood, Mo

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 Charles Boughard

Licensed Embalmer No. 2777

P. O. Address Town, Va

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.