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5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED MAY 22 1947

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 19537  
Registrar's No. 4768

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town St. Louis  
(c) Name of hospital or institution: In Route Hospital  
(d) Length of stay: In hospital or institution  
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Mac  
(c) City or town St. Louis  
(d) Street No. 215 President st.  
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Nicholas Ziegler  
(b) If veteran name war  
(c) Social Security No. 492-05-9992

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month May day 8 year 1947 hour 12 minute 10 P.M.  
21. I hereby certify that I attended the deceased from that I last saw him alive on and that death occurred on the date and hour stated above.

4. Sex M race W  
5. Color or race W  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Rose  
6. (c) Age of husband or wife if alive 60 years  
7. Birth date of deceased April 6 1890

Immediate cause of death  
Coronary Occlusion  
Coronary Atherosclerosis  
Other conditions  
Major findings: Of operations  
Of autopsy  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

8. AGE: Years 57 Months I Days 2 If less than one day hr. min.

9. Birthplace St. Louis Mo. 6 1890  
10. Usual occupation Decorator Art Glass

11. Industry or business  
12. Name Kasper Ziegler  
13. Birthplace Germany  
14. Maiden name Not Know  
15. Birthplace Germany

16. (a) Informant Rose Ziegler  
(b) Address 215 President st.

17. (a) Burial (b) Date thereof 5-13-1947  
(c) Place of burial or cremation National Cem. Jeff-Barrack-Cemetery

18. (a) Signature of funeral director Schumacher Und Co.  
(b) Address 3013 Meramec st.

19. (a) MAY 12 1947 (b) J. F. Bredeck  
(Date received local registrar) (Registrar's signature)

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?  
While at work (Specify type of place) (e) Means of injury  
23. Signature [Signature] (M. D. or other) [Signature]  
Address [Signature] Date signed [Signature]

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

JUN 11 1967

**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 Francis Williamson

Licensed Embalmer No. 3563

P. O. Address St. Louis, 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, fact should be so stated above.**