

No. 300
M-10-47
5-17-39
I 3908

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 10874
Registrar's No. 3281

FILED APR 12 1948

318

Registration District No. _____
Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis, Missouri
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Alexian Brothers Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME George E. Ziegler

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

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

6. (b) Name of husband or wife Myrna Ziegler 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased May 2, 1881
(Month) (Day) (Year)

8. AGE: Years 66 Months 11 Days 1 If less than one day _____ hr. _____ min.

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

10. Usual occupation Blacksmith

11. Industry or business _____

12. Name Andy Ziegler

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

14. Maiden name Unk.

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

16. (a) Informant Mrs. Myrna Ziegler
(b) Address 4529a Tennessee

17. (a) Burial (b) Date thereof 4-6-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Hope Cemetery
Southern Funeral Home

18. (a) Signature of funeral director _____
(b) Address 6322 S. Grand Blvd.

19. (a) APR 5 1948 (b) J. F. Medeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

Missouri
(a) State _____ (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4529a Tennessee
(If rural, give location)
(e) Citizen of foreign country? 15 (Yes or No) _____
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 3rd
year 1948 hour 11 minute 00 P.

21. I hereby certify that I attended the deceased from March 15, 1948 to April 2, 1948
that I last saw him alive on April 3
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral circulatory collapse Duration 1 day

Due to Cause undetermined

Due to _____
Other conditions Acute sclerotic heart disease 2 years
(Include pregnancy within 3 months of death)

Major findings: none PHYSICIAN _____
Of operations _____

Of autopsy none
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? _____

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

23. Signature B. J. McJannet (M. D. or other) _____
Address 3608 S. Grand Date signed 4/5/48

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

0
117
9

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.....

J. W. M. Ruckler

Licensed Embalmer No. 3633

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.