No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 12 1948

Registration District No. 318

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 18179

Registrar's No. 5044

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: Barnes Hospital, O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 13 days (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Illinois (b) County Sangamon 99 11 0 2
(c) City or town Springfield
(If outside city or town limits, write "RURAL")
(d) Street No. 700 South Grand Street., (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME George Robert Zeigler
3. (b) If veteran, name war None
3. (c) Social Security No. Unknown
4. Sex Male O
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Antoinette Zeigler
6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased October (Month) 11 (Day) 1878 (Year)

8. AGE: Years	Months	Days	If less than one day
69	7	20	hr. min.

9. Birthplace Sangamon County (City, town, or county) Illinois (State or foreign country)
10. Usual occupation Machine Shop Operator
11. Industry or business
FATHER 12. Name John Zeigler
13. Birthplace Unknown (City, town, or county) Germany (State or foreign country)
MOTHER 14. Maiden name Elsie M. LeGrande
15. Birthplace Unknown (City, town, or county) Illinois (State or foreign country)
16. (a) Informant Antoinette Zeigler
(b) Address 700 So Grand, West Springfield, Ill
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 5/31/48 (Month) (Day) (Year)
(c) Place: burial or cremation Springfield, Illinois
18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.
19. (a) JUN 1 1948 (Date received local registrar) J. F. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 31 year 1948 hour 2 minute 30 A.M.
21. I hereby certify that I attended the deceased from May 18, 1948, to May 31 1948 that I last saw him alive on May 31, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pulmonary Embolus	2 hrs
Due to: Thoracotomy	7 days
Due to: Bronchiogenic Carcinoma	6 mo.
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations Inoperable Bronchiogenic Carcinoma	
Of autopsy	

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 O
23. Signature H R Bradley (M. D. or other)
Address Barnes Hospital, Date signed 5/31/48

(Licensed Embalmer's Statement on Reverse Side)

5044

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 Gustav W. Dutule

Licensed Embalmer No. 4329

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.