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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED AUG 28 1948
Registration District No. 518

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 28368
Primary Registration District No. 1003
Registrar's No. 7297

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

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Lutheran Hospital D (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 Hrs. (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County
(c) City or town St. Louis Mo. St (If outside city or town limits, write "RURAL")
(d) Street No. 2414 So. 11th. St. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Fred . P. Ziegler
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Male D
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Clara
6. (c) Age of husband or wife if alive 38 years
7. Birth date of deceased Dec. (Month) 12 (Day) 1890 (Year)

8. AGE: Years 57 Months 8 Days 6 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Printer
11. Industry or business Post - Dispatch

MOTHER FATHER
12. Name Peter F. Ziegler
13. Birthplace UnKnown (City, town, or county) (State or foreign country)
14. Maiden name Barbara Delauber
15. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Clara Ziegler
(b) Address 2414 So. 11th. St.
17. (a) Cremation (Burial, cremation, removal) (b) Date thereof 8-21-48 (Month) (Day) (Year)
(c) Place: burial or cremation Mo. Crematory
18. (a) Signature of funeral director JOS. P. FENDLER, JR. FUNERAL HOME
(b) Address 7128 Michigan Ave.
19. (a) AUG 20 1948 (Date received local registrar) (b) J. A. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day ~~18~~ 19th year 1948 hour 12 minute 45 A.M.
21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
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 (M.D. or Other)
Address Date signed 8/20/48

(Licensed Embalmer's Statement on Reverse Side)

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.....Ronald Yohnke

Licensed Embalmer No.....3917

P. O. Address.....St Louis

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.