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FILED MAR 23 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11556

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 552

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) MANchester
c. LENGTH OF STAY (in this place) 28 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) MANchester Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ST. LOUIS
d. STREET ADDRESS (If rural, give location) 2821 GASCONADE ST.

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3. NAME OF DECEASED (Type or Print)
a. (First) ANTON
b. (Middle) N.
c. (Last) Ziegler.

4. DATE OF DEATH (Month) (Day) (Year) MARCH 2, 1950

5. SEX MALE
6. COLOR OR RACE WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED
8. DATE OF BIRTH JUNE 27, 1886
9. AGE (In years last birthday) 63 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PACKER
10b. KIND OF BUSINESS OR INDUSTRY SHAPLEIGH HDWE.
11. BIRTHPLACE (State or foreign country) ST. LOUIS, MISSOURI
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME KASPER ZIEGLER
13b. MOTHER'S MAIDEN NAME UNKNOWN
14. NAME OF HUSBAND OR WIFE AGNES ZIEGLER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 497-03-6543
17. INFORMANT'S SIGNATURE OR NAME AGNES ZIEGLER — ADDRESS 2821 GASCONADE

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 1 day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) 2 previous strokes 1 wk & 6 wks ago.
DUE TO (c) Hypertension, arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 331 X
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb 5, 1950, *to* Mar 2, 1950, *that I last saw the deceased alive on* Mar 1, 1950, *and that death occurred at* 10 35 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) C H Denny MD
23b. ADDRESS Creve Coeur Mo
23c. DATE SIGNED 3-3-50.

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
24b. DATE MAR. 6, 1950
24c. NAME OF CEMETERY OR CREMATORY S.S. PETER & PAUL CEM.
24d. LOCATION (City, town, or county) (State) ST. LOUIS, MISSOURI

DATE REC'D BY LOCAL REG. 3-3-50
REGISTRAR'S SIGNATURE Herbert R. Domke M.D.
25. FUNERAL DIRECTOR'S SIGNATURE GEBKEN-BENZ MORTUARY — ADDRESS 2842 MERAMEC ST. LOUIS, 18 MO.

(Licensed Embalmer's Statement on Reverse Side)

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

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 me

..... Student Embalmer No. .....,

working under my personal supervision.

Signed Joe S. Berg

Licensed Embalmer No. 4249

Signed .....
Student Embalmer

P. O. Address 2842 Meramec St

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.