

FILED MAR 22 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10833
2276

318

100

Registrar's No.

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

| | | | | | | | | |
|---|---------------------------|---|---|--|--|---------------------------------------|---|-------------------------------|
| BIRTH NO. _____ | | REG. DIST. NO. _____ | | PRIMARY REG. DIST. NO. _____ | | Registrar's No. _____ | | |
| 1. PLACE OF DEATH a. COUNTY | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri | | | | | b. COUNTY |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, | | c. LENGTH OF STAY (in this place) 2 weeks | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, 2159 | | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION: St. Anthony Hospital | | | d. STREET ADDRESS (If rural, give location) 15 4530a So. Compton Ave. | | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Frank | | | b. (Middle) --- | | c. (Last) Ziegler | | 4. DATE OF DEATH (Month) (Day) (Year) March 9, 1951. | |
| 5. SEX Male 0 | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2 | | 8. DATE OF BIRTH May 30, 1875 | | 9. AGE (In years last birthday) 75 | IF UNDER 1 YEAR Months Days | IF UNDER 1 YEAR Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Elevator Operator | | | 10b. KIND OF BUSINESS OR INDUSTRY Downtown Y.M.C.A. | | 11. BIRTHPLACE (State or foreign country) St. Louis, Missouri 0 | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13a. FATHER'S NAME Andrew Ziegler | | 13b. MOTHER'S MAIDEN NAME Mary Gutjahr | | 14. NAME OF HUSBAND OR WIFE Katherine Ziegler | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No. | | 16. SOCIAL SECURITY NO. 490-36-4945 | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Harold R. Ziegler 4162 Miami St. | | | | |
| 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, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Acute Generalized Peritonitis (Peritonsitis)</i> | | | | | INTERVAL BETWEEN ONSET AND DEATH 1 day | |
| | | ANTECEDENT CAUSES DUE TO (b) <i>following Perforations of Cecum -</i> | | | | | | |
| | | DUE TO (c) <i>Uremia and large Right Hydronephrosis</i> | | | | | ?? | |
| | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | | |
| 19a. DATE OF OPERATION 3/5/51 | | 19b. MAJOR FINDINGS OF OPERATION as above | | | | | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | |
| 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) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? 578X | | | | |
| 22. I hereby certify that I attended the deceased from 2/23/51, 19, to 3/9/51, 19, that I last saw the deceased alive on 3/8/51, 19, and that death occurred at 3:25a.m., from the causes and on the date stated above. | | | | | | | | |
| 23a. SIGNATURE <i>[Signature]</i> | | | 23b. ADDRESS 5417 So Grand Blvd | | 23c. DATE SIGNED 3/9/51 | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 0 | | 24b. DATE March 12, 1951 | 24c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cemetery | | 24d. LOCATION (City, town, or county) (State) St. Louis, Mo. | | | |
| DATE REC'D BY LOCAL REGS MAR 12 1951 | | REGISTRAR'S SIGNATURE <i>[Signature]</i> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Gebken-Benz Mortuary 2842 Meramec St. | | | | |

(Licensed Embalmer's Statement on Reverse Side)

St. Louis, 18, Mo.

9222

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Loran E. Percy

Signed.....
Student Embalmer

Licensed Embalmer No. *4094*

2842 Meramec St.

P. O. Address St. Louis, 18, 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.