

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10801

State File No. 2495
Registrar's No.

FILED MAR 29 1952

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

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

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) 2149	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4997 Mardel Ave		d. STREET ADDRESS (If rural, give location) 14 4997 Mardel Ave	
3. NAME OF DECEASED (Type or Print) Fred		a. (First) Fred	b. (Middle) Ziegenhein
c. (Last) Ziegenhein		4. DATE OF DEATH (Month) (Day) (Year) 3-14-1952	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 1-20-1879
9. AGE (In years last birthday) 73		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Funeral Director	11. BIRTHPLACE (State or foreign country) Missouri
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Funeral Director		10b. KIND OF BUSINESS OR INDUSTRY Ziegenhein Brothers	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME John Ziegenhein		13b. MOTHER'S MAIDEN NAME Mary Ernst	14. NAME OF HUSBAND OR WIFE Virginia Ziegenhein
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. 489-01-9716	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Virginia Ziegenhein 4997 Mardel Ave
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES DUE TO (b) General Arteriosclerosis DUE TO (c) Degenerative Heart Disease II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Abdominal Aneurysm, Chronic nephritis	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH 1 hour 10 years 10 years 4 years 5 years	
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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR 4-22-52	
22. I hereby certify that I attended the deceased from Aug 10, 1946 , to March 14, 1952 that I last saw the deceased alive on March 14, 1952 , and that death occurred at 9:30 A.M. , from the causes and on the date stated above.			
23a. SIGNATURE Francis P. Weibel		23b. ADDRESS M.D. 5203 Chippewa Sq.	23c. DATE SIGNED March 14 1952
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3-17-1952	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	24d. LOCATION (City, town, or county) (State) 5239 N. Florissant Ave
DATE REC'D BY LOCAL REG. MAR 17 1952	REGISTRAR'S SIGNATURE Carl Smith	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Ziegenhein Bros 6409 Gravois AV	

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 _____

John M. Liccione

Signed.....

Student Embalmer

Licensed Embalmer No.

4343

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.