

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22862

State File No.

FILED JUL 2 - 1952

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **100** Registrar's No. **5642**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Louis)		a. STATE Missouri	b. COUNTY St. Louis
c. LENGTH OF STAY (In this place) 25		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION 6339 Sutherland		d. STREET ADDRESS (If rural, give location) 6339 Sutherland	
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH	
a. (First) Gunther	b. (Middle)	c. (Last) Zierold	(Month) (Day) (Year) June 16 1952
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 5, 1903
9. AGE (In years last birthday) 49		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chef's Asst.	11. BIRTHPLACE (State or foreign country) Chemnitz, Germany
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY Kitchen-Park Plaza Hotel	12. CITIZEN OF WHAT COUNTRY? Germany
13a. FATHER'S NAME Emil Zierold		13b. MOTHER'S MAIDEN NAME Frieda Dietel	14. NAME OF HUSBAND OR WIFE Alma Brune Zierold
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Alma Zierold, 6339 Sutherland
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of the stomach		INTERVAL BETWEEN ONSET AND DEATH? 1 year?	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS	
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 11/20/51		19b. MAJOR FINDINGS OF OPERATION Carcinoma of the stomach	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) NOT		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) (Min.)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 151X	
22. I hereby certify that I attended the deceased from SEPT. 6, 1951 , to JUNE 16, 1952 , that I last saw the deceased alive on June 11, 1952 , and that death occurred at 7:30 pm. , from the causes and on the date stated above.			
23a. SIGNATURE Arnold Klein M.D.		23b. ADDRESS 2632 So. Kingshighway, St. Louis Mo.	
23c. DATE SIGNED 6/16/52			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removed		24b. DATE 6/19/52	
24c. NAME OF CEMETERY OR CREMATORY Lake Charles Cemetery		24d. LOCATION (City, town, or county) (State) St. L. County, Mo.	
24e. DATE REC'D BY LOCAL REG. JUN 18 1952		24f. REGISTRAR'S SIGNATURE J. Earl Smith M.D.	
25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS Reiderwieden F.H. Inc., 1936 St. Louis Ave.	

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

Dr. Bert Klein,
2632 S. Kingshighway
Phone - LA 7475

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Max L. Waibel

Licensed Embalmer No. 4170

P. O. Address 1936 St Louis Ave

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.