

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

16414

State File No. ....

FILED APR 18 1953

318

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3667

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|--|--|---|--|--|--|--|--|---|--|--|
| BIRTH NO. ....   |  | REG. DIST. NO. ....   |  | PRIMARY REG. DIST. NO. ....  |  | Registrar's No. ....   |  |   |  |  |
| 1. PLACE OF DEATH<br>a. COUNTY   |  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE<br>Mo |  |  |  | b. COUNTY   |  |  |
| b. CITY (If outside corporate limits, write RURAL and give OR TOWN)<br>St Louis  |  |   |  | c. LENGTH OF STAY (in this place)  |  | c. CITY (If outside corporate limits, write RURAL and give township)<br>St Louis |  |   |  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br>American Hotel  |  |   |  | d. STREET ADDRESS<br>23 American Hotel   |  | 62.9th   |  |   |  |  |
| 3. NAME OF DECEASED<br>(Type or Print)   |  | a. (First)<br>Walter  |  | b. (Middle)<br>Zuckweiler  |  | c. (Last)  |  | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br>Apr. 6, 1953                            |  |  |
| 5. SEX<br>male   |  | 6. COLOR OR RACE<br>white   |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br>widowed  |  | 8. DATE OF BIRTH<br>July 19, 1896  |  | 9. AGE (in years less birthday)<br>56   |  |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>Retired   |  | 10b. KIND OF BUSINESS OR INDUSTRY<br>Clerk  |  | 11. BIRTHPLACE (State or foreign country)<br>St. Louis, Missouri   |  | 12. CITIZEN OF WHAT COUNTRY?<br>USA  |  |   |  |  |
| 13a. FATHER'S NAME<br>Paul Zuckweiler  |  |   | 13b. MOTHER'S MAIDEN NAME<br>Ida Weber |  |  | 14. NAME OF HUSBAND OR WIFE<br>Augusta Zuckweiler                                |  |   |  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown)<br>yes  |  | 16. SOCIAL SECURITY NO.<br>WW-1 493-09-0365   |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br>Arlene Weatherby 4224 California                            |  |  |  |   |  |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)<br><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) Coronary Occlusion<br>DUE TO (c) Coronary Sclerosis<br><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |  |  |  |  |  | INTERVAL BETWEEN ONSET AND DEATH  |  |  |
| 19a. DATE OF OPERATION   |  | 19b. MAJOR FINDINGS OF OPERATION  |  |  |  |  |  | 20. AUTOPSY?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |  |  |
| 21a. ACCIDENT SUICIDE HOMICIDE<br>(Specify)  |  | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  |  | 21c. (CITY, TOWN, OR TOWNSHIP)<br>4201   |  | (COUNTY)   |  | (STATE)   |  |  |
| 21d. TIME OF INJURY<br>(Month) (Day) (Year) (Hour)   |  | 21e. INJURY OCCURRED<br>WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   |  | 21f. HOW DID INJURY OCCUR?   |  |  |  |   |  |  |
| 22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 8:59 a.m., from the causes and on the date stated above. |  |   |  |  |  |  |  |   |  |  |
| 23a. SIGNATURE<br>Stuart E. Padon, M.D.  |  |   |  | 23b. ADDRESS<br>1300 Clark Ave.  |  | 23c. DATE SIGNED<br>4-8-53   |  |   |  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)  |  | 24b. DATE<br>4/9/53   |  | 24c. NAME OF CEMETERY OR CREMATORY<br>National Cemetery  |  | 24d. LOCATION (City, town, or county) (State)<br>Jeffersob Bks. Mo.              |  |   |  |  |
| DATE REC'D BY LOCAL REG.<br>APR 8 1953   |  | REGISTRAR'S SIGNATURE<br>J. Carl Smith, M.D.  |  |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br>J L Ziegenhein & Sons 7027 Gravoie |  |  |   |  |  |

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Neville R. Frohwitter*

Licensed Embalmer No. *3696*

P. O. Address *7027 Gravel*

**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.