

FILED AUG 20 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30571**
Registrar's No. **7474**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 7474		
1. PLACE OF DEATH a. COUNTY ST. LOUIS MO				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY JEFFERSON				
b. CITY (If outside corporate limits, write RURAL and give town) ST. LOUIS MO		c. LENGTH OF STAY (in this place) 3 DAYS		c. CITY (If outside corporate limits, write RURAL and give township) RURAL ROCK TOWNSHIP				
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. ANTHONY'S HOSP.				d. STREET ADDRESS (If rural, give location) NEAR BECK MO 0500 1				
3. NAME OF DECEASED a. (First) JEROME			b. (Middle) EMIL		c. (Last) ZIEGELMEYER		4. DATE OF DEATH (Month) (Day) (Year) JULY 31 1953	
5. SEX M. O	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE 0		8. DATE OF BIRTH MAY 28 1943		9. AGE (In years last birthday) 10		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) STUDENT		10b. KIND OF BUSINESS OR INDUSTRY SCHOOL		11. BIRTHPLACE (City and State or Foreign Country) JEFFERSON Co Mo 0		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME ALBERT ZIEGELMEYER			13b. MOTHER'S MAIDEN NAME HELEN M. SIMON		14. NAME OF HUSBAND OR WIFE SINGLE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ALBERT ZIEGELMEYER ADDRESS ARNOLD MO				
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				INTERVAL BETWEEN ONSET AND DEATH 5 days
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute bulbar poliomyelitis				Acute bulbar poliomyelitis				
ANTECEDENT CAUSES				DUE TO (b) virus etiology -- virus etiology				
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c)				
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				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) 080.0				
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?				
22. I hereby certify that I attended the deceased from 7-28 , 19 53 , to 7-31 , 19 53 , that I last saw the deceased alive on 7-31 , 19 53 , and that death occurred at 8:50 m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) Chester P. Dwyer, M.D.				23b. ADDRESS 3209 S. Bond		23c. DATE SIGNED 7-31-53		
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE AUG 1-53		24c. NAME OF CEMETERY OR CREMATORY IMMACULATE CONCEPTION		24d. LOCATION (City, town, or county) (State) ARNOLD MO		
DATE REC'D BY LOCAL REG. JUL 31 1953		REGISTRAR'S SIGNATURE J. C. Smith		25. FUNERAL DIRECTOR'S SIGNATURE HEILIGTAG FUNERAL HOME ADDRESS IMPERIAL MO				

(Licensed Embalmer's Statement on Reverse Side)

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

Ronald O. Yshuk

Licensed Embalmer No.

3917

P. O. Address

St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.