

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **25553**

FILED AUG 14 1956

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| BIRTH NO. | | REG. DIST. NO. 317 | | PRIMARY REG. DIST. NO. 590 | | Registrar's No. 1816 | |
| 1. PLACE OF DEATH a. COUNTY St. Louis | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rock Hill | | c. LENGTH OF STAY (in this place) 3 years | | c. CITY OR TOWN Richmond Hts. | | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Rock Hill Rest Home | | | | e. STREET ADDRESS (If rural, give location) 7627 Lindbergh | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Ollie b. (Middle) Gertrude c. (Last) Ziervogel | | | 4. DATE OF DEATH (Month) (Day) (Year) 7 27 1956 | | | | |
| 5. SEX Female | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | | 8. DATE OF BIRTH August 2, 1888 | |
| 9. AGE (In years last birthday) 67 | | IF UNDER 1 YEAR Months 11 Days 25 | | IF UNDER 24 HRS. Hours Min. | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | | 10b. KIND OF BUSINESS OR INDUSTRY At home | | 11. BIRTHPLACE (City and State or Foreign Country) Caldonia, Missouri | | 12. CITIZEN OF WHAT COUNTRY? USA |
| 13a. FATHER'S NAME Charles McIntyre | | | 13b. MOTHER'S MAIDEN NAME Laura Henrietta Stocking | | 14. NAME OF HUSBAND OR WIFE Charles L. Ziervogel | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | | 16. SOCIAL SECURITY NO. - Unk - | | 17. INFORMANT'S SIGNATURE OR NAME Charles L. Ziervogel ADDRESS 7627 Lindbergh | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | MEDICAL CERTIFICATION | | | | | INTERVAL BETWEEN ONSET AND DEATH |
| <p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p> | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemiplegia | | | | | |
| | | ANTECEDENT CAUSES DUE TO (b) Hypertension | | | | | |
| | | Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | | | | |
| | | 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) 334X | | | |
| 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 JUNE 1, 1956 , to JULY 27, 1956 , that I last saw the deceased alive on JULY 21, 1956 , and that death occurred at 5:50 p. m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE C. J. Martin (Degree or title) M.D. | | | | 23b. ADDRESS 3507 Potomac | | 23c. DATE SIGNED 7-30-56 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 7-30-56 | | 24c. NAME OF CEMETERY OR CREMATORY Mt. Lebanon Cemetery | | 24d. LOCATION (City, town, or county) (State) St. Louis County Mo. | |
| DATE REC'D BY LOCAL REG. 7-30-56 | | REGISTRAR'S SIGNATURE Herbert R. Donohue | | 25. FUNERAL DIRECTOR'S SIGNATURE Ambruster Mortuary, 6633 Clayton Road ADDRESS | | | |

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

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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.....
Signature of Student Embalmer

Signed *Fred J. Starnes*.....

Licensed Embalmer No. *4788*

P. O. Address *St Louis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.