

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

44255

FILED JAN 7 1957

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 3006

Health, Welfare, Public Service  
300  
-56  
All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.  
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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|--|--|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>St. Louis</u>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>   |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Clayton</u><br>Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |  | c. CITY OR TOWN <u>AFFTON 4000</u><br>Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |   |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>ENROUTE COUNTY Hosp. D.O.A.</u><br>Length of stay in 1b   |  | d. STREET ADDRESS (If outside, give location) <u>ROUTE 14</u><br>Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>   |   |
| 3. NAME OF DECEASED (Type or print) First Middle Last <u>GEORGE C. ZIEGLER, JR</u>   |  |  | 4. DATE OF DEATH Month Day Year <u>DEC. 19 1956</u>               |
| 5. SEX <u>MALE</u>   | 6. COLOR OR RACE <u>WHITE</u>                | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>   | 8. DATE OF BIRTH <u>JULY 20 1918</u>                              |
| 9. AGE (In years last birthday) <u>38</u>  |  | IF UNDER 1 YEAR Months Days Hours Min.   | IF UNDER 24 HRS. Hours Min.                                       |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>PAINTER</u>   |  | 10b. KIND OF BUSINESS OR INDUSTRY <u>DREW SHADE</u>  | 11. BIRTHPLACE (City and state or country) <u>Mo</u>              |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>   |  | 13. FATHER'S NAME <u>GEORGE ZIEGLER</u>  |   |
| 14. MOTHER'S MAIDEN NAME <u>GLADYS DUNKEL</u>  |  | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or date of service) <u>YES WART</u>   |   |
| 16. SOCIAL SECURITY NO. <u>UNK</u>   |  | 17. INFORMANT Address <u>ANNE ZIEGLER AFFTON (23) Mo.</u>  |   |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Multiple internal injuries as a direct result of auto accident trauma</u><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____<br>DUE TO (c) _____<br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL-DISEASE CONDITION GIVEN IN PART I(n) <u>8234</u> |  |  | INTERVAL BETWEEN ONSET AND DEATH                                  |
| 20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>   |  | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)<br><u>Lost control of car he was operating which ran down an embankment and struck a tree, pinning him under the steering wheel</u> |   |
| 20c. TIME OF INJURY Hour <u>2:50</u> Minute <u>xx</u> Month <u>12</u> Day <u>19</u> Year <u>56</u>   |  | 20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>highway</u>   |   |
| 20e. CITY, TOWN, OR LOCATION <u>Rural</u> COUNTY <u>St. Louis</u> STATE <u>Mo.</u>   |  | 21. I attended the deceased from _____, to _____ and last saw her/him alive on _____<br>Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.                             |   |
| 22. SIGNATURE <u>Clayton J. Williams</u> (Degree or title) <u>Coroner</u>  |  | 22b. ADDRESS <u>Clayton, Mo.</u>   | 22c. DATE SIGNED <u>12/26/56</u>                                  |
| 23a. BURIAL PLACE <u>St. Louis Mo</u>  | 23b. DATE <u>DEC. 24 1956</u>                | 23c. NAME OF CEMETERY OR CREMATORY <u>NATIONAL CEM.</u>  | 23d. LOCATION (City, town, or county) (State) <u>ST. LOUIS Mo</u> |
| 24. FUNERAL DIRECTOR <u>Thomas Kates</u> ADDRESS <u>2906 Harris</u>  | 25. DATE RECD. BY LOCAL REG. <u>12-21-56</u> | 26. REGISTRAR'S SIGNATURE <u>Herbert B. Dombek MD</u>  |   |

(Licensed Embalmer's Statement on Reverse Side)

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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.....

Licensed Embalmer No. 39

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.