

FILED NOV 8 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1003

STATE FILE NUMBER

38401

9909

Registration District No. 318 Primary Registration District No. Registrar's

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits <input checked="" type="checkbox"/> <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Louis 2159 0		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 01 4471 Wallace 1		Length of stay in 1b		d. STREET (If outside, give location) ADDRESS 15 4471 Wallace		
3. NAME OF DECEASED (Type or print) First Middle Last KATHERINE ZIEGLER			4. DATE OF DEATH Month Day Year 10 22-1957			
5. SEX Female / Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 12-29-1893	9. AGE (In years last birthday) 63	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (City and state or country) St. Louis Mo. 0		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Charles Hartmann			14. MOTHER'S MAIDEN NAME Not Known			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None	17. INFORMANT Address John S Ziegler 4471 Wallace 16			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c.)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion DUE TO (b) Coronary Sclerosis DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 420.1					INTERVAL BETWEEN ONSET AND DEATH	
20a. ACCIDENT <input 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.) 420.1			
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.						
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION		STATE	
21. I attended the deceased from 300 P. to and last saw her alive on m on the date stated above; and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE (Type or print) John S Ziegler			22b. ADDRESS 1300 Clark		22c. DATE SIGNED 10/23/57	
23a. BURIAL, CREMATION, REMOVAL	23b. DATE 10-24-1957	23c. NAME OF CEMETERY OR CREMATORY Resurrection Cem.		23d. LOCATION (City, town, or county) (State) St. Louis Mo.		
24. FUNERAL DIRECTOR WINGBERMUEHLE 3819 So Grand Blvd.			25. DATE RECD. BY LOCAL REG. OCT 23 57	26. REGISTRAR'S SIGNATURE Carl Smith MO		

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 *George J. Angbermuller*.....

Licensed Embalmer No. *46*

P. O. Address *Blair*

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.