

Health, Welfare
Public Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-042464

STATE FILE NUMBER

Filed DEC 1 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10967

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, Mo.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Park Lane Hospital		Length of stay in 1b 2119	d. STREET ADDRESS (If outside, give location) 3819B Easton, Ave.

3. NAME OF DECEASED (Type or print) First Charles Middle George Last Ziesing			4. DATE OF DEATH Month Nov. Day 13 Year 1958		
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5. SEX Male <input type="radio"/>	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 July 29, 1889	9. AGE (In years last birthday) 69	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Harness Maker	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) St. Louis, Missouri.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Henry Ziesing	13b. MOTHER'S MAIDEN NAME Bertha Leitner	14. NAME OF HUSBAND OR WIFE Ida Ziesing
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No. Nil.	16. SOCIAL SECURITY NO. 496-20-8545	17. INFORMANT Ida Ziesing, 3819B Easton, Ave.	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hypostatic Pneumonia		INTERVAL BETWEEN ONSET AND DEATH
DUE TO (b) diabetes mellitus		
DUE TO (c) Herpes Zoster		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) None		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> None	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) none
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20c. TIME OF INJURY None	20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> HOME <input checked="" type="checkbox"/> WORK	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) none	20f. CITY, TOWN, OR LOCATION St. Louis	COUNTY	STATE
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21. I attended the deceased from Death occurred at 8:30AM on Jan 27 58 , to 11/13-58 and last saw ^{him} alive on 11-13-58
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22a. SIGNATURE Dr. M. F. Harmann M.D.	(Degree or title)	22b. ADDRESS 2739 N. Grand, Ave.	22c. DATE SIGNED 11-13-58
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 11-17-58	23c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery	23d. LOCATION (City, town, or county) (State) St. Louis County, Mo.
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24. FUNERAL DIRECTOR Albert H. Hoppe	ADDRESS 4700 Washington, Blvd.	25. DATE RECD. BY LOCAL REG. NOV 14 '58	26. REGISTRAR'S SIGNATURE J. Carl Smith M.D.
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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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 *G. W. Wilkerson*

Licensed Embalmer No. *357*

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.