

FEDERAL BUREAU OF INVESTIGATION - STANDARD CERTIFICATE OF DEATH
FILED VS DEC 11 1959

59-042755

STATE FILE NUMBER

211249

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

UNRECORDED

| | | | | | | | |
|--|---|---|---|--|---|--|--|
| 1. PLACE OF DEATH a. COUNTY | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI | | Length of stay in 1b | | c. CITY OR TOWN St. Louis | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BARNES HOSPITAL | | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) 4476 Itaska St. | | | Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First Middle Last CHARLES NMN ZIEGENFUSS | | | 4. DATE OF DEATH Month Day Year DECEMBER 3 1959 | | | | |
| 5. SEX 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 1-22-1881 | 9. AGE (last birthday) 78 | IF UNDER 1 YEAR Months Days Hours Min. | IF UNDER 24 HR |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Glass blower (retired) | | 10b. KIND OF BUSINESS OR INDUSTRY Anheuser-Busch Inc. | | 11. BIRTHPLACE (City and state or country) St. Louis, Mo. | | 12. CITIZEN OF WHAT COUNTRY U.S.A. | |
| 13a. FATHER'S NAME Nicholas Ziegenfuss | | 13b. MOTHER'S MAIDEN NAME Minnie Mancoff | | 14. NAME OF HUSBAND OR WIFE May Ziegenfuss | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | 16. SOCIAL SECURITY NO. 494-01-1789 | | 17. INFORMANT Address May Ziegenfuss 4476 Itaska St. | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CONGESTIVE HEART FAILURE | | | | | | INTERVAL BETWEEN ONSET AND DEATH 3 MONTHS | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) CALCIFIC AORTIC STENOSIS | | | | | | 2 YEARS | |
| DUE TO (c) ARTERIOSCLEROSIS 421.1 | | | | | | UNKNOWN | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | | | | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | |
| 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"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | | | | | |
| 20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. | | | | | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <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 | | COUNTY | STATE |
| 21. I attended the deceased from MAY 14, 1943 to DEC. 3, 1959 and last saw her/him alive on DEC. 3, 1959 Death occurred at 9:25 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | | | |
| 22a. SIGNATURE (Degree or title) C. O. Vermillion M.D. | | | | 22b. ADDRESS BARNES HOSPITAL | | 22c. DATE SIGNED 12/4/59 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Entombment | 23b. DATE Dec. 7, 1959 | 23c. NAME OF CEMETERY OR CREMATORY Hill Crest Abbey | | 23d. LOCATION (City, town, or county) St. Louis, Mo. | | | |
| 24. FUNERAL DIRECTOR Kriegshausner 4228 S. Kingshighway | | | 25. DATE RECD. BY LOCAL REG. DEC 4 1959 | | 26. REGISTRAR'S SIGNATURE Coat Smith M.D. | | |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

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 R. W. Stoverand

Licensed Embalmer No. 4007

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.