

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS SEP 7 1960
ENDED

60-033335
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 2575

1. PLACE OF DEATH a. COUNTY Saint 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, give TOWNSHIP only) OR TOWN Normandy	Length of stay in 1b 31 days	c. CITY OR TOWN Jennings	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Normandy Osteopathic Hosp.		d. STREET ADDRESS (If outside, give location) 7123 Beulah	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Leon Middle George Last Ziegler, Jr.			4. DATE OF DEATH Month Aug. Day 30 Year 1960			
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5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2-12-1941	9. AGE (last birthday) 19	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Apprentice draftsman	10b. KIND OF BUSINESS OR INDUSTRY Hussmann Co.	11. BIRTHPLACE (City and state or country) Kelso, Missouri	12. CITIZEN OF WHAT COUNTRY U S A
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13a. FATHER'S NAME Leon G. Ziegler, Sr.	13b. MOTHER'S MAIDEN NAME Augusta Wiedefield	14. NAME OF HUSBAND OR WIFE none
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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	16. SOCIAL SECURITY NO. 488-44-5296	17. INFORMANT Leon G. Ziegler, Sr.-7123 Beulah	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:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Sepsis		31 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Hepatic Abscesses (Multiple)	21 days
	DUE TO (c) E Coli - Perforated Appendix	32 days
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 checked="" type="checkbox"/> NO <input 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.)
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20c. TIME OF INJURY Hour 7 a.m. / 30 p.m. Month, Day, Year 7/30/60	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 St. Louis	COUNTY Missouri	STATE
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21. I attended the deceased from 7/30/60 to 8-30-60 and last saw her/him alive on 8-30-60 Death occurred at 11:00 a. m on the date stated above, and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE (Degree or title) William D McHewan Jr	22b. ADDRESS 7811 Carondelet Clays, 5th	22c. DATE SIGNED 8-30-60
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23a. BURIAL, CREMATION, REMOVAL (Specify) removal	23b. DATE Sept. 3, 1960	23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	23d. LOCATION (City, town, or county) (State) St. Louis Missouri
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24. FUNERAL DIRECTOR BUCHHOLZ MORT. #5967 W. Florissant Ave.	ADDRESS	25. DATE RECD. BY LOCAL REG. 8-31-60	26. REGISTRAR'S SIGNATURE John C. Murphy Md.
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Walter B. Beckho

Licensed Embalmer No. 4557

P. O. Address St. Paul

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