MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-009972
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 590 Registrar's No. 608

FILED MAR 5 1963

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS: DATE AMENDED / INSTEAD OF / SHOULD READ / ITEM NO. / BY AFFIDAVIT OF / DOCUMENT

1. PLACE OF DEATH
a. COUNTY: St. Louis County
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. John's, Mo. — Length of stay in 1b: YRS.
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 3440 Brown Rd. — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: St Louis
c. CITY OR TOWN: St. John's, Mo. — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 3440 Brown Rd. — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First Grace — Middle Ziegler — Last
4. DATE OF DEATH: Month Feburary Day 22, Year 1963
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 4/4/1900
9. AGE (last birthday): 62 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (City and state or country): Cincinnati, Ohio
12. CITIZEN OF WHAT COUNTRY: U.S.
13a. FATHER'S NAME: Frank Lewis
13b. MOTHER'S MAIDEN NAME: Ione Lewis
14. NAME OF HUSBAND OR WIFE: Richard Ziegler
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of se[redacted]
16. SOCIAL SECURITY NO.
17. INFORMANT: Richard Ziegler — Address: 3440 Brown Rd.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per li[redacted]
PART I. DEATH WAS CAUSED BY: — INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a): Not known - would suspect myocard infarction &/or arrythmia
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Hypertensive cardiovascular disease and congestive heart failure
DUE TO (c):
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. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 2-5-63, to 2-20-63 and last saw her/him alive on 2-20-63
Death occurred at 7:15a m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Jeff Johnson M.O.
22b. ADDRESS: c/o St. Lukes Hosp. St. Louis
22c. DATE SIGNED: 2-23-63

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 2/25/1963
23c. NAME OF CEMETERY OR CREMATORY: Memorial Park Cem.
23d. LOCATION (City, town, or county) (State): Normandy, Mo.

24. FUNERAL DIRECTOR — ADDRESS: Morrell Mortuary 3710 North Grand
25. DATE RECD. BY LOCAL REG.: 2-24-63
26. REGISTRAR'S SIGNATURE: John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

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 Loron E. Percy

Licensed Embalmer No. 4094

P. O. Address St. Louis, Mo.

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.