

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

23398
Do not use this space.

REC'D AUG 12 1938

1. PLACE OF DEATH
 (a) County Registration District No. **791**
 (b) Township Primary Registration District No. **1008**
 (c) City St. Louis, Mo. (d) Street No. 3936a California Registered No. **6092**
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
 (If death occurred in Hospital or Institution, write its name instead of street and number) St. **253**

2. PRINT FULL NAME Mrs. Kate Ziegenthaler
 (a) Residence, No. 3936a California St. **24**
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Ziegenthaler
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 8, 1857
 7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
81 1 28
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Household
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Missouri
 FATHER 13. NAME Larche
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
 MOTHER 15. MAIDEN NAME Unknown
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
 17. INFORMANT (ADDRESS) Miss Ida Ziegenthaler
3936a California
 18. BURIAL, CREMATION, OR REMOVAL PLACE St. Matthews Cem. DATE July 9, 1938
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Beiderwieden F.H. Inc.
1936 St. Louis Avenue
 20. FILED **JUL 8 1938** J.F. Buehler
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 6, 1938
 22. I HEREBY CERTIFY, That I attended deceased from June 15, 1938, to July 6, 1938.
 I last saw her alive on July 2, 1938. Death is said to have occurred on the date stated above, at 12:30 P.M.
 The principal cause of death and related causes of importance were as follows:
Arteriosclerosis
 Date of onset
 Other contributory causes of importance: MI
 Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy? No
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury 19.....
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury
 Nature of injury
 24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify (Signed) J. E. Keyton, M. D.
 (Address) 3430 E. Jefferson

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Dr. J. T. Keyton
3430 - E. Jefferson

Pr. 1619.

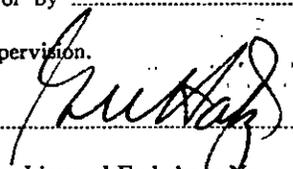
STATEMENT BY LICENSED EMBALMER.

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by

Registered Apprentice No. _____, working under my personal supervision.

Signed



Licensed Embalmer No.

3737

P. O. Address

1936 E. 1st Avenue

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 this body is not embalmed, above space should be left blank.