

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

30924  
Do not use this space.

REC'D OCT 12 1938

791  
1003

Registered No. 8361

1. PLACE OF DEATH

(a) County Y Registration District No. 1  
(b) Township 1 Primary Registration District No. 1003  
(c) City St. Louis, Mo. (d) Street No. 2407 Cora Ave St. 11  
(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.

2. PRINT FULL NAME

HENRY ZIEDLER 3116  
(a) Residence, No. 2407 Cora Ave. St. 11  
(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 male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ella Zedler

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 6. 1870

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
68 0 16

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Woodworker  
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) St. Louis, (STATE OR COUNTRY) Missouri.

FATHER 13. NAME Ernest Zedler  
14. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Hermine Reuter  
16. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY)

17. INFORMANT Ella Zedler (ADDRESS) 2407 Cora Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Bethany DATE Sept 26 19 38

19. FUNERAL DIRECTOR A. Iron L. U. Co. (ADDRESS) 2707 North Grand Bl.

20. FILED SEP 24 1938 J. H. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 22, 1938

22. I HEREBY CERTIFY, That I attended deceased from August 21, 1938, to Sept 22, 1938  
I last saw him alive on Sept 22, 1938. Death is said to have occurred on the date stated above, at 10 P.M.

The principal cause of death and related causes of importance were as follows:

Acute Insufficiency Date of onset  
arteriosclerosis

Other contributory causes of importance:  
arteriosclerosis  
caused by acute insufficiency Date of onset Sept 22, 1938

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

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. H. Bredeck M. D.  
(Address) 1607 Easton Ave

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.

STATEMENT BY LICENSED EMBALMER

I, Paul F. Hollenberg Licensed Embalmer No. 2631

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_  
working under my personal supervision.

Registered Apprentice No. \_\_\_\_\_

Signed

Paul F. Hollenberg

Licensed Embalmer No. 2631

**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.)**