FILED APR 21 1941

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

1003

9367
Do not use this space.

2777

1. PLACE OF DEATH 791
(a) County Lutheran Hospital Registration District No.
(b) Township Primary Registration District No. Registered No.
(c) City St. Louis, Mo. (d) Street No. 8 St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(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 Ziegler - Robert Louis -
(a) Residence, No. 2042 McLaren - St. O
(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: O MALE
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): O Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-24-41

7. AGE: YEARS 1941 MONTHS MAR 3 DAYS 24 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Infant
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 Mo O
(STATE OR COUNTRY) Luth. Hosp.

FATHER
13. NAME REV. KARL ZIEGLER
14. BIRTHPLACE (CITY OR TOWN) BRAZIL
(STATE OR COUNTRY) IND.

MOTHER
15. MAIDEN NAME Estelle Nierdieck
16. BIRTHPLACE (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Mo O

17. INFORMANT Rev. Karl Ziegler
(ADDRESS) 2042 McLaren

18. BURIAL, CREMATION, OR REMOVAL
PLACE New Bethlehem DATE MAR. 29 1941

19. FUNERAL DIRECTOR Bederwieder Funeral Home
(ADDRESS) 1926 St. Louis Ave.

20. FILED MAR 28 1941 J. M. Bredick
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-28 1941

22. I HEREBY CERTIFY, That I attended deceased from 3-24 1941, to 3-28 1941
I last saw him alive on 3-28 1941. Death is said to have occurred on the date stated above, at 12 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Toxemia of pregnancy transmitted from mother to foetus -	3-24-41
(Mother had Eclampsia) (Convul)	

Other contributory causes of importance:

Name of operation — Date of —
What test confirmed diagnosis? Clinical Was there an autopsy? yes

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) [redacted] O, M. D.
(Address) University Club Bldg -

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

I X12004

STATEMENT BY LICENSED EMBALMER

I, [illegible], Licensed Embalmer No. 3737

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

L. E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed [illegible]

Licensed Embalmer No. 3737

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.)