S. No. 2
M—5-42
7. 5-17-39
I X32873

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 13 1943 318

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

State File No. 39528

Registration District No. ..... Primary Registration District No. ..... Registrar's No. 11066

1. PLACE OF DEATH:

(a) County .....
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Deaconess Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community life

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17
(c) City or town St. Louis 9 | 6
(If outside city or town limits, write "RURAL")
(d) Street No. 3932 Connecticut
(If rural, give location)
(e) Citizen of foreign country? ..... (~~Yes or~~ No)
If yes, name country 0

3. (a) PRINT FULL NAME Homer F. Ziegler

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex male

5. Color or race White

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Hulda

6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased August (Month) 6 (Day) 1883 (Year)

8. AGE: Years	Months	Days	If less than one day
59	4	24	..... hr. ..... min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Executive

11. Industry or business Anheuser-Busch

MOTHER FATHER

12. Name Albert Ziegeler

13. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country) 0

14. Maiden name Louise Hofelmann

15. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country) 0

16. (a) Informant Mrs. Hulda Ziegler
(b) Address 3932 Connecticut

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-2-42 (Month) (Day) (Year)
(c) Place: burial or cremation New St. Marcus

18. (a) Signature of funeral director John L. Ziegenhein & Son
(b) Address 7027 Gravois Ave

19. (a) Dec 31 1942 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 30
year 1942 hour 6 minute A. M.

21. I hereby certify that I attended the deceased from Nov 10, 1942 to Dec 30, 1942 that I last saw ~~he was~~ alive on Dec 29, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Nephrosis — Duration 5 days

Due to Terminal Cardiac Pneumonia, Lobar — 10 days

Due to Nephrosis from Pyelonephritis Chronic due to Duodenal Ulcer

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Terminal Cardiac Pneumonia, Duodenal ulcer, Pyelonephritis, Nephrosis

Of autopsy .....

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) .....
(b) Date of occurrence .....
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? ..... (Specify type of place)
While at work? ..... (e) Means of injury .....

23. Signature C. Barnes Stone 0 (M. D. ~~or other~~)
Address 5844 Delmar Date signed 12/31/42

(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 .....

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed C. P. Kidwell

Licensed Embalmer No. 3877

P. O. Address 7027 Gravois

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, fact should be so stated above.