

FILED DEC 27 1943

Registration District No. 317

Primary Registration District No. 3069

Registrar's No. 2852

1. PLACE OF DEATH:

(a) County St. Louis.
(b) City or town Richmond Heights.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1310 Woodland Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County St. Louis.
(c) City or town Richmond Heights.
(If outside city or town limits, write "RURAL")
(d) Street No. 1310 Woodland Ave.
(If rural, give location)
(e) Citizen of foreign country? Yes. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME William Ziegenmeyer

3. (b) If veteran, name war 407-10-4504 3. (c) Social Security No. 497-10-4504

4. Sex Male 5. Color or Race White 6. (a) Single, widowed, married, divorced, Married
6. (b) Name of husband or wife Meta 6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased Sept. 25, 1878.
(Month) (Day) (Year)

8. AGE: 65 Years 2 Months 22 Days If less than one day
_____ hr. _____ min.

9. Birthplace Washington (City, town, or county) No. 0 (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business _____

MOTHER FATHER { 12. Name Wm Ziegenmeyer
13. Birthplace _____ (City, town, or county) Germany (State or foreign country)
14. Maiden name Lisette Dieckman
15. Birthplace Warren Co. (City, town, or county) No. 0 (State or foreign country)

16. (a) Informant Meta Ziegenmeyer

(b) Address 1310 Woodland Ave R.H.

17. (a) Burial (b) Date thereof Dec. 20, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lake Charles Cem.

18. (a) Signature of funeral director Jay B. Smith

(b) Address 7456 Manchester Ave, Maplewood Mo.

19. (a) DEC 22 1943 (b) C. M. Carson M.D.
(Date received by registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 17 the year 1943 hour 2 PM minute _____ M.

21. I hereby certify that I attended the deceased from June 19 to Dec 17, 1943, that I last saw him alive on Dec 13, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Failure Duration 2 hrs

Due to _____

Due to Coronary Occlusion
Acute Indigestion

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy None

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) None
(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? _____

While at work? _____ (Specify type of place) (e) Means of Injury _____

23. Signature Dr. W. A. Hilde, D.C. (Date or other) _____
Address 7302 Manchester Date signed 12/18/43

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

76
8
3

*Dr. J. A. Kirby,
7304 Manchester.*

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 *V E Morris*.....

Licensed Embalmer No. *3360*.....

P. O. Address.....

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.