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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JUN 3 1944
3 198

1003

Registrar's No. 4974

Registration District No. _____

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2119 Utah Str., /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis, 17
(If outside city or town limits, write "RURAL") 9
(d) Street No. 5529 Maze Place, 15
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Lena Ziegler

3. (b) If veteran, name war No 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Fred 6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased October 30 1881
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
62 6 28 hr. min.

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

10. Usual occupation Housewife,

11. Industry or business _____

12. Name August Goedeker,

13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

14. Maiden name Christina Redroff,

15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Fred Ziegler,
(b) Address 5529 Maze Place,

17. (a) Burial (b) Date thereof 5/31/1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Clair Mo.,

18. (a) Signature of funeral director Oscar J Hoffmeister
(b) Address 4016 Chippewa at Gravois,

19. (a) MAY 21 1944 J. J. Bredeck.
(Date filed in local registry) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 28
year 1944 hour 12 minute 30 P.M.

21. I hereby certify that I attended the deceased from Feb 8 1944 to May 28 1944
that I last saw her alive on May 28 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Brain hemorrhage 3 days
Duration

Due to Hypertension
Disrupted Glomerular Chr.
Due to Orchian cyst - No malignancy

Other conditions (Include pregnancy within 3 months of death) None

Major findings: Of operations None
Of autopsy None
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) 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?
(Specify type of place) _____
(e) Means of injury _____

23. Signature J. J. Bredeck (M. D. or other) and
Address 2757 Gravois St. Date signed 5-19-44

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

MOTHER FATHER

497A

497A

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.....

G. W. Wilkinson
Licensed Embalmer No..... 3575

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.