

Registration District No. 25 1948
FILED JAN 25 1948

Primary Registration District No. 1003

Registrar's No. 364

1. PLACE OF DEATH:

(a) County _____

(b) City or town city of St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Wirmin Desloge Hospital
(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 _____ (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town city of St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 7000 Virginia Avenue
(If rural, give location) 17
19

(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Ziegler, Eugene

3. (b) If veteran, name war none

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1-11-45 day _____
year _____ hour 11:55 P.M. minute _____ M. _____

21. I hereby certify that I attended the deceased from 1-8-45
_____, 19____, to 1-11-45 _____, 19____;

4. Sex Male 5. Color or race white

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

6. (b) Name of husband or wife Emma Ziegler

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

7. Birth date of deceased November 10 1866
(Month) (Day) (Year)

that I last saw h. in alive on 1-11-45 _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis Duration _____

8. AGE: Years Months Days If less than one day

78 2 1 _____ hr. _____ min.

Due to Arterio Sclerotic Heart Disease - Heart Failure Uncertain

Due to _____

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

10. Usual occupation stock clerk

11. Industry or business retired 5 years

Other conditions Parotitis Hypertrophy
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

MOTHER FATHER

12. Name Andrew Ziegler

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

14. Maiden name Mary Guttjar

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

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Frank Ziegler

(b) Address 7000 Virginia Ave.

17. (a) burial (b) Date thereof 1-15-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mount Olive Cemetery

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

(c) 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? _____

18. (a) Signature of funeral director _____

(b) Address 6322 So. Grand Blvd.

19. (a) JAN 13 1945 J. J. Bredeel
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place) (c) Means of injury 1

23. Signature W. J. Lage M. D. (M. D. or other)
Address French Desloge Hospital Date signed 1-12-45

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

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.....

Vincent L. Berryman

Licensed Embalmer No.....

4018

P. O. Address.....

St Louis, Mo.

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.