. S. No. 2
0M—5-43
ev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 6 1945

Registration District No. 818

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 8426

Registrar's No. 2846

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: St Johns Hosp. 0
(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: 000

(a) State Mo. (b) County 17

(c) City or town St. Louis 9
(If outside city or town limits, write "RURAL")

(d) Street No. 2425a N. Spring Av.
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Ralph A. Ziegler

3. (b) If veteran, name war no.

3. (c) Social Security No. 493-10-8105

4. Sex Male 0

5. Color or race white

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

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

6. (c) Age of husband or wife if alive 36 years

7. Birth date of deceased Aug. 10 (Month) 1910 (Day) (Year)

8. AGE: Years 34 Months 7 Days 18 If less than one day hr. min.

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

10. Usual occupation Night Dispatcher

11. Industry or business Public Ser. Co.

FATHER
12. Name Moses S. Ziegler
13. Birthplace Pennsylvania (City, town, or county) 1 (State or foreign country)

MOTHER
14. Maiden name Bee O'Hanlon
15. Birthplace Potosi (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant Othmar Ziegler
(b) Address 2425a N. Spring Av.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-31-45 (Month) (Day) (Year)
(c) Place: burial or cremation S.S. Peter & Paul Cem

18. (a) Signature of funeral director Witt Bro. L & U. Co.
(b) Address 2929 S. Jefferson Av.

19. (a) MAR 29 1945 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 28 year 1945 hour 9 minute 00 A. M.

21. I hereby certify that I attended the deceased from Mar 1, 1945, to Mar 28, 1945; that I last saw him alive on 3-28, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Embolism following Appendectomy

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations Rub acute Appendix

Of autopsy

Duration

121.2

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 R. K. Cund (M. D. or other)

Address 3903 Park Date signed

(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 Rowland, Registered Apprentice No. ....., working under my personal supervision.

Signed Edgar F. Witt

Licensed Embalmer No. 2117

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.