

S. No. 2
M-8-43
5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 2 1946
318
Registration District No. _____

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003
Primary Registration District No. _____

State File No. **15358**
Registrar's No. **3760**

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

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. Anthony Hospital (I)
(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 _____
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **1711 Russell Blvd.**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Lohmt Ziegler**
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **April** day **21**
year **1946** hour **3** minute **00** M.
21. I hereby certify that I attended the deceased from **April 21**, 19**46** to **April 21**, 19**46**
that I last saw him alive on **April 21** and that death occurred on the date and hour stated above.

4. Sex **Male** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Single**
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **April 21, 1946**
(Month) (Day) (Year)

Immediate cause of death
Pneumonia
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations **none**
Of autopsy **none**

8. AGE: Years _____ Months _____ Days _____ If less than one day **1** hr. _____ min.
9. Birthplace **St. Louis, Missouri**
(City, town, or county) (State or foreign country)
10. Usual occupation **Nil**

MOTHER FATHER {
11. Industry or business _____
12. Name **Lawrence Ziegler**
13. Birthplace **St. Louis, Missouri**
(City, town, or county) (State or foreign country)
14. Maiden name **Katherine Kvaternik**
15. Birthplace **St. Louis, Missouri**
(City, town, or county) (State or foreign country)

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

16. (a) Informant **Lawrence Ziegler**
(b) Address **1711 Russell Blvd.**
17. (a) **Burial** (b) Date thereof **4-23-1946**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Old SS. Peter & Paul**

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? **no**

18. (a) Signature of funeral director **Wm E Moyall**
(b) Address **1926 Allen Avenue**
19. (a) **APR 24 1946** (b) **J. F. Brudeck**
(Date received local registrar) (Registrar's signature)

(Specify type of place) _____
While at work? _____ (e) Means of injury _____
23. Signature **W. O. Spencer** (M. D. or other) **MD**
Address **33188 Grand** Date signed **4-23-46**

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.

21

Signed

Ray - E. Dorman

Licensed Embalmer No. 2272

P. O. Address. 1926 Allen Avenue

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.