

FILED MAY 2 1946 STANDARD CERTIFICATE OF DEATH 1003

State File No. 15359
Registrar's No. 3761

Registration District No. 318 Primary Registration District No.

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
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community
years, months or days

3. (a) PRINT FULL NAME Joseph Ziegler

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

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)

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

11. Industry or business

MOTHER FATHER { 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)

16. (a) Informant Lawrence Ziegler
(b) Address 1711 Russell Blvd.

17. (a) Burial (b) Date thereof 4-23-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old SS. Peter & Paul

18. (a) Signature of funeral director Wm G. Woodell

(b) Address 1926 Allan Avenue

19. (a) APR 24 1946 (b) J. F. Braddock
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

Missouri
(a) State (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1711V Russell Blvd.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 21
year 1946 hour 3 minute 10 a. M.

21. I hereby certify that I attended the deceased from April 21, 1946 April 21, 1946
that I last saw him alive on April 21, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death

Pneumatury
Due to

Due to 159

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy none

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

(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?

While at work? (Specify type of place) (c) Means of injury 0

23. Signature W. G. Woodell (M. D. or other) W.D.

Address 3318 S Grand Date signed 4-23-46

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 *Bing C. Duncan*
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.