DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 7 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

41829

State File No.

Registration District No. 316 Primary Registration District No. 6075 Registrar's No. 410

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

1. PLACE OF DEATH:

(a) County St. Francois

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

(c) Name of hospital or institution: Missouri State Hospital No. 4 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 yr. 4 mos. 7 das. (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 94

(c) City or town Wellston 0
(If outside city or town limits, write "RURAL")

(d) Street No. 6146 Bertha Ave. 0
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME HOWARD FRANKLIN ZIEGLER, SR.

3. (b) If veteran, name war No

3. (c) Social Security No. 486-16-5436

4. Sex Male 1

5. Color or race White

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

6. (b) Name of husband or wife Jennie Southard

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

7. Birth date of deceased May (Month) 8, (Day) 1882 (Year)

8. AGE: Years 64 Months 7 Days 11 If less than one day hr. min.

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

10. Usual occupation Machinist

11. Industry or business

FATHER
12. Name Daniel A. Ziegler
13. Birthplace (City, town, or county) Pennsylvania (State or foreign country)

MOTHER
14. Maiden name Sarah C. Bickle
15. Birthplace (City, town, or county) Pennsylvania (State or foreign country)

16. (a) Informant Records State Hospital No. 4

(b) Address Farmington, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-21-46 (Month) (Day) (Year)

(c) Place: burial or cremation Piedmont, Missouri

18. (a) Signature of funeral director Gish Funeral Home

(b) Address Piedmont, Missouri

19. (a) 12-30-46 (Date received local registrar) (b) Esther Rudloff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 19
year 1946 hour 4 minute 05 A. M.

21. I hereby certify that I attended the deceased from August 12, 1945, 19, to December 19, 1946, 19;
that I last saw him alive on December 19, 1946, 19;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Arteriosclerosis Generalized	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) Cerebral arteriosclerosis with Psychosis	2 yrs

Major findings:
Of operations
Of autopsy No autopsy.

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 Burnett Hodge (M. D. or other)

Address Farmington - Mo Date signed 12/30/46

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

Rec'd File Number 147-29

Date Filed 1-6-47

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. Paul L. Dugal

Licensed Embalmer No. 4120

P. O. Address. Farmington Ma

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.