V. S. No. 2
50M—1/47
Rev. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 26239

FILED AUG 4 1947

Registration District No. 3948

Primary Registration District No. 1003

Registrar's No. 6907

WRITE PLAINLY—USING 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 4620 VonPhul (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (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. 4620 VonPhul (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Margaret E. Ziegenhein
3. (b) If veteran, name war None
3. (c) Social Security No. 492-01-4657
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Albert W. Ziegenhein
6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased April 21, 1895 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
52	3	1	hr. min.

9. Birthplace Granville (City, town, or county) Mo. (State or foreign country)
10. Usual occupation At home
11. Industry or business
MOTHER FATHER
12. Name John A. Miller
13. Birthplace Unknown (City, town, or county) Canada (State or foreign country)
14. Maiden name Christian Nevels
15. Birthplace Unknown (City, town, or county) Mo. (State or foreign country)
16. (a) Informant Albert W. Ziegenhein
(b) Address 4620 VonPhul
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/25/47 (Month) (Day) (Year)
(c) Place: burial or cremation Friedens Cemetery
18. (a) Signature of funeral director Math Hermann & Son, Inc.
(b) Address 2161 East Fair Ave
19. (a) JUL 24 1947 (Date received local registrar) (b) J. A. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 22 year 1947 hour 10 minute 20 P. M.
21. I hereby certify that I attended the deceased from Feb 2, 1947 to July 22, 1947 that I last saw h... alive on July 22, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma of Ovary	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause of 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 (M. D. or other)
Address Date signed

Jefferson City Printing Co.

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

Signed Wilford G Burnley

Licensed Embalmer No. 4202

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.