S. No. 2
M—1/47
v. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 7223

FILED FEB 28 1948

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1624

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: 3542 Wyoming /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 0-

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 3542 Wyoming 9
16 (If rural, give location) 0

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

If yes, name country

3. (a) PRINT FULL NAME EDWARD J. ZAENGLIN

3. (b) If veteran, name war None

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Late Rose M.

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

7. Birth date of deceased Sep't. (Month) 20 (Day) 1877 (Year)

8. AGE: Years 70 Months 4 Days 26 If less than one day hr. min.

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

10. Usual occupation Retired

11. Industry or business Real Estate Broker

FATHER
12. Name George Zaenglin
13. Birthplace Germany (City, town, or county) (State or foreign country) 4

MOTHER
14. Maiden name Mary Buse
15. Birthplace Washington (City, town, or county) Mo. (State or foreign country) 0

16. (a) Informant George B. Zaenglin
(b) Address 3542 Wyoming

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-19-48 (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Kriegshauser Und. Co.
(b) Address 4228 So. Kingshighway Bl.

19. (a) FEB 17 1948 (Date received local registrar) (b) J. F. Brecheck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 16
year 1948 hour 10:30 minute P. M.

21. I hereby certify that I attended the deceased from 2-7- 1948, to 2-16- 1948;
that I last saw him alive on 2-16- 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis -

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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 0

23. Signature L. F. Murray (M. D. or other)
Address 900-Russell Date signed 2-17-48

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 Richard W. Stovesand

Licensed Embalmer No. 4007

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.