

FILED JUL 31 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **25446**  
Registrar's No. **6244**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town OR TOWN <b>St. Louis,</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis,</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>4234 Nebraska Ave.</b>		1/8 STREET ADDRESS (If rural, give location) <b>4234 Nebraska Ave.</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>John</b> b. (Middle) c. (Last) <b>Ziegler</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>July 18, 1950</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>October 5, 1870</b>
9. AGE (In years last birthday) <b>79</b>		10. KIND OF BUSINESS OR INDUSTRY <b>Inspector</b>	11. BIRTHPLACE (State or foreign country) <b>Germany</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Inspector</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	

13a. FATHER'S NAME <b>Stephen Ziegler</b>	13b. MOTHER'S MAIDEN NAME <b>Margaret Graf</b>	14. NAME OF HUSBAND OR WIFE <b>Agatha Ziegler</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>499-05-5000</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Agatha Ziegler</b>
		ADDRESS <b>4234 Nebraska Ave.</b>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocarditis (Chronic)</b>		INTERVAL BETWEEN ONSET AND DEATH <b>6 years</b>	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Cerebral Hemorrhage</b>			<b>9 "</b>
	DUE TO (c) <b>Arterio Sclerosis</b>			<b>9 "</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>H22.2</b>
22. I hereby certify that I attended the deceased from <b>Feb 11, 1941</b> , to <b>July 18, 1950</b> , that I last saw the deceased alive on <b>July 1, 1950</b> , and that death occurred at <b>5:00P m.</b> , from the causes and on the date stated above.		

23a. SIGNATURE (Degree or title) <b>Fred W. Rolling M.D.</b>	23b. ADDRESS <b>2125 Sidney St</b>	23c. DATE SIGNED <b>July 25-50</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>7/21/50</b>	24c. NAME OF CEMETERY OR CREMATORY <b>SS. Peter and Paul Cem.</b>
		24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>

DATE REC'D BY LOCAL REG. <b>JUL 20 1950</b>	REGISTRAR'S SIGNATURE <b>J. B. Savater</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Gebken-Benz Mortuary</b>	ADDRESS <b>2842 Meramec St.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

For your information - sample copy

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 ME

working under my personal supervision.

Student Embalmer No.....

Signed.....  
Student Embalmer

Signed Leon E. Percy

Licensed Embalmer No. 4094

P. O. Address 2842 Meramec St.  
St. Louis, 18 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.