

FILED NOV 22 1950

STANDARD CERTIFICATE OF DEATH

State File No. 37537

BIRTH NO. _____ REG. DIST. NO. 162 PRIMARY REG. DIST. NO. 5595 Registrar's No. 82

1. PLACE OF DEATH
 a. COUNTY **JEFFERSON**
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **RURAL-ROCK TOWNSHIP**
 c. LENGTH OF STAY (in this place) **3 YEARS**
 d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) **HOME-NEAR KIMMSWICK MO**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
 a. STATE **MO**
 b. COUNTY **JEFFERSON**
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **RURAL-ROCK TOWNSHIP**
 d. STREET ADDRESS (If rural, give location) **NEAR KIMMSWICK MO**

3. NAME OF DECEASED
 a. (First) **AUGUST**
 b. (Middle) **ZIOCK**
 c. (Last) _____

4. DATE OF DEATH (Month) (Day) (Year)
NOV. 8, 1950.

5. SEX **M. U**

6. COLOR OR RACE **W.**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **WIDOWED 2**

8. DATE OF BIRTH **JULY 26, 1876**

9. AGE (In years last birthday) **74**
 IF UNDER 1 YEAR: Months **3** Days **12**
 IF UNDER 12 HRS. Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) **RETIRED**

10b. KIND OF BUSINESS OR INDUSTRY **BREWERY WORKER**

11. BIRTHPLACE (State or foreign country) **ST. LOUIS MO U**

12. CITIZEN OF WHAT COUNTRY? **U.S.**

13a. FATHER'S NAME **AUGUST ZIOCK**

13b. MOTHER'S MAIDEN NAME **LIZZIE SCHROBECK**

14. NAME OF HUSBAND OR WIFE **DECEASED - ESTHER ZIOCK**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **NO**

16. SOCIAL SECURITY NO. _____

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
MRS LILLIAN PALMER - KIMMSWICK MO

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, asphyxia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Coronary thrombosis**
 ANTECEDENT CAUSES **Coronary Sclerosis**
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
 DUE TO (c) _____
 II. OTHER SIGNIFICANT CONDITIONS
 Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
Sudden
6 mo.

19a. DATE OF OPERATION _____

19b. MAJOR FINDINGS OF OPERATION
✓

20. AUTOPSY?
 YES NO

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 NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR **✓**

22. I hereby certify that I attended the deceased from **Sept 29, 1950, to Oct 1, 1950**, that I last saw the deceased alive on **Oct 7, 1950**, and that death occurred at **5 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Othmar J. Sauer M.D.**

23b. ADDRESS **Barnhart Mo.**

23c. DATE SIGNED **Nov 9/50**

24a. BURIAL, CREMATION, REMOVAL (Specify) **BURIAL**

24b. DATE **NOV-11-50**

24c. NAME OF CEMETERY OR-CREMATORY **NEW ST. MARCUS CEM.**

24d. LOCATION (City, town, or county) (State) **ST. LOUIS MO.**

DATE REC'D BY LOCAL REG. **Nov 11-50**

REGISTRAR'S SIGNATURE **Mrs. Ruth J. Sauer 438**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
HEILIGTAG FUNERAL HOME KIMMSWICK MO.

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

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI
DATE RECEIVED 11-14-50

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed

Arthur W. Hilgert

Licensed Embalmer No.

38724

P. O. Address

Kennett 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.