

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **3464**  
Registrar's No. **0859**

BIRTH NO. **FILED FEB 4 1954** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY <b>0</b>		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) <b>St. Louis</b>		c. LENGTH OF STAY (in this place) <b>5 Days</b>	c. CITY OR TOWN <b>St. Louis</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>DePaul Hospital</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
		9. STREET ADDRESS (If rural, give location) <b>4620 Von Phul</b> <b>2099</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Albert</b> b. (Middle) <b>W.</b> c. (Last) <b>Ziegenhein</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>January 25, 1954</b>	
5. SEX <b>male 0</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed 2</b>	8. DATE OF BIRTH <b>February 26, 1881</b>
9. AGE (In years last birthday) <b>72</b>		IF UNDER 1 YEAR Months	IF UNDER 14 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Bookkeeper</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Manchester, Missouri.</b>
		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	

13a. FATHER'S NAME <b>William Ziegenhein</b>		13b. MOTHER'S MAIDEN NAME <b>Elizabeth Wiedmann</b>		14. NAME OF HUSBAND OR WIFE	
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>494-07-1938</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mr. George L. Ziegenhein</b> ADDRESS <b>114 Orchard St.</b>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION <b>Rock Ville, Conn.</b>		INTERVAL BETWEEN ONSET AND DEATH <b>10 min</b>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Thrombosis</b>		ANTECEDENT CAUSES DUE TO (b) <b>Chronic Myocarditis</b>		DUE TO (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.		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 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) <b>420.1</b>	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **Jan 20, 1954**, to **Jan 25, 1954**, that I last saw the deceased alive on **Jan 24, 1954**, and that death occurred at **8:35 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Arthur Schneider M.D.</b>		23b. ADDRESS <b>2202 University St.</b>		23c. DATE SIGNED <b>1-27-54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>1-28-54.</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Friedens Cemetery</b>	
		24d. LOCATION (City, town, or county) (State) <b>St. Louis, Missouri.</b>			

DATE REC'D BY LOCAL REG. <b>JAN 27 1954</b>		REGISTRAR'S SIGNATURE <b>J. Cash Smith M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Math Hermann &amp; Son, Inc.</b> ADDRESS <b>2161 E. Fair Ave.</b>	
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(Licensed Embalmer's Statement on Reverse Side)

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

**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 ....., Student Embalmer No. .... working under my personal supervision.

Student.....  
Signature of Student Embalmer

Signed *Clement M. Gray*.....

Licensed Embalmer No. *37*.....

P. O. Address *St. Louis*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.