.S. No. 300
Rev. 10-48

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

FILED APR 8 - 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 91'79

BIRTH NO. _____ REG. DIST. NO. 162 PRIMARY REG. DIST. NO. 5595 Registrar's No. 23

1. PLACE OF DEATH
a. COUNTY: JEFFERSON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ROCK TOWNSHIP
c. LENGTH OF STAY (In this place): 38YRS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): NEAR BECK MO

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MO
b. COUNTY: JEFFERSON
c. CITY OR TOWN: RURAL
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location): NEAR BECK MO ARNOLD RURAL ROUTE 0500 0

3. NAME OF DECEASED (Type or Print)
a. (First): ALBERT
b. (Middle):
c. (Last): ZIEGELMEYER

4. DATE OF DEATH (Month) (Day) (Year): MAR. 23 1957

5. SEX: Male 0
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: APR.23 1918
9. AGE (In years last birthday): 38 — IF UNDER 1 YEAR: Months 11, Days; IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): LABORER
10b. KIND OF BUSINESS OR INDUSTRY: ROCK QUARRY
11. BIRTHPLACE (City and State or Foreign Country): ARNOLD MO 0
12. CITIZEN OF WHAT COUNTRY?: U S A
13a. FATHER'S NAME: HENRY ZIEGELMEYER
13b. MOTHER'S MAIDEN NAME: ANNA ZIEGELMEYER
14. NAME OF HUSBAND OR WIFE: HELEN SIMON ZIEGELMEYER
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: HELEN ZIEGELMEYER ARNOLD 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Anemia — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) [illegible]

DUE TO (c) Diabetes

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: 260X
20. AUTOPSY? YES ☐ NO ☑ 2

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): Arnold Jefferson Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
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* 1954, 19__, *to* 3/23, 1957 *that I last saw the deceased alive on* 3/23, 1957, *and that death occurred at* 4:30 p.m. *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): O.F. Reich MD 0
23b. ADDRESS: Imperial Mo
23c. DATE SIGNED: 3/25/57

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: MAR 26, 1957
24c. NAME OF CEMETERY OR CREMATORY: IMMACULATE CONCEPTION
24d. LOCATION (City, town, or county) (State): ARNOLD MO

DATE REC'D BY LOCAL REG.: MAR 26, 1957
REGISTRAR'S SIGNATURE: Robert C. Bauer
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: HEILIGTAG FUNERAL HOME IMPERIAL MO

(Licensed Embalmer's Statement on Reverse Side)

544
0

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI
DATE RECEIVED
APR 1 1957

JUN 4 1957

9 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalme

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Elmer Heiligtag

Licensed Embalmer No. 3571

P. O. Address Imperial M

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.