

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-031268

STATE FILE NUMBER

FILED AUG 28 1958 Registration District No. 317 Primary Registration District No. 545 Registrar's No. 2095

300  
1-57

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Maplewood</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>St. Louis, 10.</b> <del>Maplewood</del>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Maplewood Nursing Home</b>		Length of stay in lb <b>URS. 2049</b>		d. STREET ADDRESS (If outside, give location) <b>6922 Dale Avenue</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>WILLIAM</b> Middle <b>FRED</b> Last <b>ZIERVOGEL</b>				4. DATE OF DEATH Month <b>Aug.</b> Day <b>11</b> Year <b>1958</b>			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>March 10th, 1883</b>	9. AGE (In years last birthday) <b>75</b>	IF UNDER 1 YEAR Months <b>5</b> Days <b>1</b>	IF UNDER 24 HRS. Hours <b></b> Min. <b></b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Dining Car Superintendant - Mo. Pac. RR.</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b>St. Louis, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Albert Ziervogel</b>			13b. MOTHER'S MAIDEN NAME <b>Johanna BENEKE</b>			14. NAME OF HUSBAND OR WIFE <b>Helen Wilcox Ziervogel</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>702-14-1404</b>		17. INFORMANT Address <b>Helen Wilcox Ziervogel 6922 Dale Avenue</b>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Paralysis Agitans</b> DUE TO (b) <b>Cerebral Arteriosclerosis</b> DUE TO (c) <b>334X</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Hypertensive Vascular Disease</b>						INTERVAL BETWEEN ONSET AND DEATH <b>2 yrs.</b>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)					
20c. TIME OF INJURY Hour <b></b> Month, Day, Year <b></b> a.m. <b></b> p.m. <b></b>		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <b>May 1, 1956</b> to <b>8-11-58</b> and last saw him alive on <b>8-10-58</b> Death occurred at <b>9M. D.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <b>Am. Higgins M.D.</b>				22b. ADDRESS <b>Missouri Theater Building</b>		22c. DATE SIGNED <b>8/11/1958</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>Aug. 13, 1958</b>		23c. NAME OF CEMETERY OR CREMATORY <b>St. Paul's Churchyard</b>		23d. LOCATION (City, town, or county) (State) <b>7600 Rock Hill Road</b>	
24. FUNERAL DIRECTOR ADDRESS <b>G. R. LUPTON &amp; SONS 7233 DELMAR BLVD.</b>				25. DATE RECD. BY LOCAL REG. <b>8-11-58</b>		26. REGISTRAR'S SIGNATURE <b>Herbert P. Dombek M.D.</b>	

All diseases in Part I must be causally related.

Missouri Theater Building  
Jefferson 1-2477  
Hours: 1 to 3:30

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 .. *Arnold W. Schoene*

Licensed Embalmer No. *3864*

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