

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-016387

State File No. ....

FILED MAY 8 1959

BIRTH NO. .... REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 1216

1. PLACE OF DEATH a. COUNTY <i>St. Louis</i>		2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before death.) a. STATE <i>Missouri</i> b. COUNTY <i>St. Louis</i>	
b. CITY (If outside corporate limits, write RURAL and give township) <i>Bellefontaine Neighbors</i>		c. CITY OR TOWN <i>Creve Coeur Bellefontaine Neighbors</i>	
c. LENGTH OF STAY (If this place) <i>1 yr. 3 mo 15 days</i>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>St. Louis State Training School</i>		e. STREET ADDRESS (If rural, give location) <i>10695 Bellefontaine Rd Box #217 Mosley Rd.</i>	

3. NAME OF DECEASED (Type or Print) a. (First) <i>RONNIE</i> b. (Middle) <i>Allan</i> c. (Last) <i>ZIEGLER</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>5 2 1959</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>11-12-1947</i>
9. AGE (In years last birthday) <i>11</i>		10. a. MAJOR OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Teacher</i>	
10b. KIND OF BUSINESS OR INDUSTRY <i>Teacher</i>		11. BIRTHPLACE (City and State or Foreign Country) <i>Creve Coeur Mo</i>	
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>			

13a. FATHER'S NAME <i>CARL ZIEGLER</i>		13b. MOTHER'S MAIDEN NAME <i>GOLDIE F. CORTER</i>		14. NAME OF HUSBAND OR WIFE <i>None</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>None</i>		17. INFORMANT'S SIGNATURE OR NAME <i>Records of St. Louis State Tr Sch</i>	
				ADDRESS <i>10695 Bellefontaine Rd</i>	

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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>unknown, natural causes</i>		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) <i>BIRTH TRAUMA</i>		<i>since birth</i>	
		DUE TO (c) <i>Epilepsy</i>		<i>since birth</i>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<i>Mental deficiency</i>		<i>since birth</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i>351x</i>		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?	

22. I hereby certify that I attended the deceased from *1-17-1958* to *5-2-59*, that I last saw the deceased alive on *5-2-59*, and that death occurred at *11:50 p.m.*, from the causes and on the date stated above.

23a. SIGNATURE <i>Edward P. Myll, M.D.</i>		23b. ADDRESS <i>10695 Bellefontaine Rd</i>		23c. DATE SIGNED <i>5/2/59</i>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>5-5-1959</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Mount Hope Cemetery</i>		24d. LOCATION (City, town, or county) (State) <i>Lemay, Missouri</i>	
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DATE REC'D BY LOCAL REG. <i>5-4-59</i>		REGISTRAR'S SIGNATURE <i>John C. Murphy, M.D.</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Baumann Bros. Inc. Overland, Mo.</i>		2504 ADDRESS <i>Woodson</i>	
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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 *David C. Gibson*.....

Licensed Embalmer No. *3451*.....

P. O. Address *Portland*.....

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.