V.S. No. 300
Rev. 10.48

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

FILED NOV 5 1949

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 35726

BIRTH NO. _____ REG. DIST. NO. 318 1003 PRIMARY REG. DIST. NO. _____ Registrar's No. 9215

**1. PLACE OF DEATH**
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 7042 Marquette

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission)
a. STATE Missouri
b. COUNTY STL
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis 11
d. STREET ADDRESS (If rural, give location) 7042 Marquette 10

**3. NAME OF DECEASED** (Type or Print) a. (First) Josephine b. (Middle) Ann c. (Last) Zeigler

**4. DATE OF DEATH** (Month) Oct. (Day) 25, (Year) 1949

**5. SEX** Female

**6. COLOR OR RACE** White

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

**8. DATE OF BIRTH** July 7, 1865

**9. AGE** (In years last birthday) 84 IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

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

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

**11. BIRTHPLACE** (State or foreign country) Ste. Genevieve, Mo.

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

**13a. FATHER'S NAME** Joseph Vorst

**13b. MOTHER'S MAIDEN NAME** Anna Scherer

**14. NAME OF HUSBAND OR WIFE** Henry Clay Zeigler

**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.** None

**17. INFORMANT'S SIGNATURE OR NAME - ADDRESS** Leona Bradley, 7042 Marquette

**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) Carcinoma Bladder (Primary) — 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) Nephritis — 4 yrs
DUE TO (c)

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 ☐ 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)** 52

**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour) m.

**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐

**21f. HOW DID INJURY OCCUR?** NIX

22. *I hereby certify that I attended the deceased from* 1940, 19__, *to* Oct 25, 1949, *that I last saw the deceased alive on* 10-25, 1949, *and that death occurred at* 6:45 P.M., *from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title) P B Cappelo D

**23b. ADDRESS** 3284 Lonshire Ave

**23c. DATE SIGNED** 10-26-49

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

**24b. DATE** 10-26-49

**24c. NAME OF CEMETERY OR CREMATORY**

**24d. LOCATION** (City, town, or county) (State) Ste. Genevieve, Mo.

DATE REC'D BY LOCAL REG. OCT 26 1949

REGISTRAR'S SIGNATURE L B Lasater

**25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS** Albert H. Hoppe, 4700 Washington Blvd

(Licensed Embalmer's Statement on Reverse Side)

DEC 30 19

## 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 .....
Student Embalmer

Signed Wm Bumbley

Licensed Embalmer No. 3605

P. O. Address [illegible]

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.