

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

OCT 26 1931

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

32423

1. PLACE OF DEATH

County St. Louis  
Township Chippewalut  
City St. Louis, Mo.

Registration District No. 1123  
Primary Registration District No. 62485

File No. \_\_\_\_\_  
Registered No. 355  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Irene Clara Zink  
(a) Residence, No. 1441 Hamilton Ave St. 9th Ward  
(Usual place of abode)

Length of residence in city or town where death occurred 24 yrs. 2 mos. 4 ds. How long in U. S., if of foreign birth? yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. \_\_\_\_\_

PERSONAL AND STATISTICAL PARTICULARS

5 MEDICAL CERTIFICATE OF DEATH

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 21 - 1907</u>		
7. AGE YEARS <u>24</u>	MONTHS <u>2</u>	DAYS <u>4</u>
If LESS than 1 day, _____ hrs. or _____ min.		

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 25, 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept. 6, 1931, to Sept. 25, 1931

I last saw her alive on Sept. 25, 1931. Death is said to have occurred on the date stated above, at 12:05 P.M.

The principal cause of death and related causes of importance were as follows:

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stenographer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Underwood Typewriter Co.

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_

11. Total time (years) spent in this occupation 3

Pulmonary Tuberculosis  
345  
23A  
121B

Date of onset 1929

Other contributory causes of importance:  
Chronic localized peritonitis  
follicular appendicitis  
1st anemia

Name of operation Appendectomy Date of 8-22-31

What test confirmed diagnosis? Sputum Was there an autopsy? Yes

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

13. NAME Edward Zink

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER

15. MAIDEN NAME Catherine Colby

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Edward Zink

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem. DATE Sept. 28, 1931

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

19. UNDERTAKER (ADDRESS) Joe Dr. Clark

20. FILED Sept. 26, 1931 L. C. Brock Registrar

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
(Signed) Leo Hartnett, M. D.  
(Address) 9101 Broadway

