

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.

25 1939

1939 AUG 7 1939

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

26906
Do not use this space.

1. PLACE OF DEATH
 (a) County Saint Louis Registration District No. 784
 (b) Township Canadale Primary Registration District No. 202 Registered No. 1336
 (c) City Jefferson Barracks (d) Street No. VETERANS FACILITY St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Walter Anderson ZINN 50-0
 (a) Residence, No. 1027 Collier Avenue St. Brentwood, Missouri
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS				
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Divorced</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>--</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 20, 1898</u>				
7. AGE	YEARS <u>41</u>	MONTHS <u>4</u>	DAYS <u>2</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Oil Field Worker</u>			
	9. Industry or business in which work was done, as saw mill, bank, etc. <u>-</u>			
	10. Date deceased last worked at this occupation (month and year) <u>11-22-38</u>		11. Total time (years) spent in this occupation <u>Unkn.</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mulberry, Kansas</u>				
FATHER	13. NAME <u>Alex Zinn</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>- Kansas</u>			
MOTHER	15. MAIDEN NAME <u>Cora Bashan</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>- Kansas</u>			
17. INFORMANT (ADDRESS) <u>Clinical Clerk, VAF., Jefferson Barracks, Missouri.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>NATIONAL CIEM</u> DATE <u>JULY 26</u> 19 <u>39</u>				
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>C. HOFFMEISTER 414 78th S BROADWAY</u>				
20. FILED <u>JUL 25 1939</u> <u>DR. Mary M. ...</u> Local Registrar				

MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH (MONTH, DAY, AND YEAR)	<u>July 22</u> , 19 <u>39</u>
22. I HEREBY CERTIFY, That I attended deceased from <u>February 28</u> , 19 <u>39</u> , to <u>July 22</u> , 19 <u>39</u> I last saw him alive on <u>July 22</u> , 19 <u>39</u> Death is said to have occurred on the date stated above, at <u>3:40 P.M.</u> The principal cause of death and related causes of importance were as follows: <u>Carcinoma of left kidney with metastatic carcinoma right kidney, lungs, liver and spleen.</u> Date of onset <u>Unkn.</u>	
Other contributory causes of importance: <u>51</u> <u>None</u>	
Name of operation <u>None</u> Date of <u>-</u> <u>Pl. Clinical exam. and lab.</u> What best confirmed diagnosis <u>Autopsy</u> Was there an autopsy? <u>YES</u>	
23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? <u>-</u> Date of injury <u>-</u> , 19 <u>-</u> Where did injury occur? <u>-</u> (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.	
Manner of injury <u>-</u> Nature of injury <u>-</u>	
24. Was disease or injury <u>-</u> related to occupation of deceased? If so, specify <u>C. M. HUGHES, M. D., Chief Med. Off.</u> (Signed) <u>VAF., Jefferson Barracks, Mo., M. D.</u> (Address) <u>-</u>	

(Licensed Embalmer's Statement on Reverse Side)

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.