

S. No. 2
FORM-5-43
Rev. 5-17-39
I X36871

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **25892**
Registrar's No. **6064**

FILED #1760
31822 1946

Registration District No. _____ Primary Registration District No. **1003**

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

24741

1. PLACE OF DEATH:

(a) County **St. Louis, Missouri.**

(b) City or town **St. Louis, Missouri.**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **St. Louis City Hospital**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community _____
years, months or days

3. (a) PRINT FULL NAME **Julius T. Zinok**

3. (b) If veteran. **Nil** name war

3. (c) Social Security No. **Unknown**

4. Sex **Male**

5. Color or race **White**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Theresa Zinok**

6. (c) Age of husband or wife if alive **65** years

7. Birth date of deceased **May 5 1879**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
67	2	3	hr. _____ min.

9. Birthplace **Mascoutah Illinois**
(City, town, or county) (State or foreign country)

10. Usual occupation **Janitor**

11. Industry or business _____

MOTHER FATHER { 12. Name **Felix Zinok**

13. Birthplace **Unknown France**
(City, town, or county) (State or foreign country)

14. Maiden name **Madgalen Yung**

15. Birthplace **Unknown France**
(City, town, or county) (State or foreign country)

16. (a) Informant **Theresa Zinok**

(b) Address **3629 Shenandoah Ave.**

17. (a) **Removal** (Burial, cremation, or removal)

(b) Date thereof **7-10-46**
(Month) (Day) (Year)

(c) Place: burial or cremation **New Baden, Illinois**

18. (a) Signature of funeral director **Albert H. Hoppe**

(b) Address **4700 Washington Blvd.**

19. (a) **JUL 9 1946** (Date received local registrar)

J. F. Brudeak (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis**

(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")

(d) Street No. **3629 Shenandoah Ave.**
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **8th**
year **1946** hour **9:46** minute _____ P. M.

21. I hereby certify that I attended the deceased from **6/26/46**
_____ 19____ to _____ **7/8/46** 19____
that I last saw him alive on **7/8/46** 19____
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to **Cerebrovascular accident**

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature **H. B. Molholm** (M. D. or other)

Address **1420 Grattan St** Date signed **7/9/46**

JUL 9 1946

(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.....

J. Allen Davis Jr.
.....
Licensed Embalmer No. *4553*

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, fact should be so stated above.