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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 23 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 43147

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 0875

1. PLACE OF DEATH:

(a) County

(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: Bethesda General Hosp
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 hrs. (Specify whether years, months or days)
In this community 4 hrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 96

(c) City or town Blackjack
(If outside city or town limits, write "RURAL")

(d) Street No. NR
(If rural, give location)

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

3. (a) PRINT FULL NAME ~~Premature~~ infant Zinn

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Dec 10 1946 (Month) (Day) (Year)

8. AGE: Years | Months | Days | If less than one day 4 hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

10. Usual occupation

11. Industry or business

FATHER
12. Name Truman Zinn
13. Birthplace St. Louis (City, town, or county), Mo (State or foreign country)

MOTHER
14. Maiden name Bernice Smith
15. Birthplace Red Bird (City, town, or county), Mo (State or foreign country)

16. (a) Informant Truman Zinn
(b) Address Blackjack, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof DEC 19 194 (Month) (Day) (Year)
(c) Place: burial or cremation CITY CEMETERY

18. (a) Signature of funeral director V. B. Hudson
(b) Address City Health Dept

19. (a) DEC 19 194 (Date received local registrar) (b) J. F. Bedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 10th year 1946 hour three minute 45 P.M.

21. I hereby certify that I attended the deceased from Dec 10th, 1946 to Dec 10th, 1946 that I last saw him alive on Dec 10th, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Prematurity 6 mo. gestation — Duration

Due to

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature George D Mohr (M. D. or other) MD
Address Deaconess Gen Hosp Date signed 12/10/46

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE 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.....

....., 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, fact should be so stated above.