

S. No. 300
M-10-47
v. 5-17-39
I 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAY 20 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 18183
Registrar's No. 4380

Registration District No. 318

Primary Registration District No. 1003

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

1. PLACE OF DEATH:
(a) County ST. LOUIS
(b) City or town ST. LOUIS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
ST. JOHNS HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County 000
(c) City or town ST. LOUIS 17
(If outside city or town limits, write "RURAL")
(d) Street No. 4052 CASTLEMAN AVENUE
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3: (a) PRINT FULL NAME FRANK ZINSER
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 8
year 1948 hour 11 minute A.M.
21. I hereby certify that I attended the deceased from 4-28-48
_____, 19____, to 5-8, 19____
that I last saw him alive on 5-8, 19____
and that death occurred on the date and hour stated above.

4. Sex M 6. (a) Single, widowed, married, divorced M, /
5. Color or race W
6. (b) Name of husband or wife AUGUSTA ZINSER 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased JULY 7 1869
(Month) (Day) (Year)

Immediate cause of death Cardiac failure
Due to spontaneous occlusion of coronary artery
Due to MI
Other conditions senility & fracture of hip at home
(Include pregnancy within 3 months of death)
Major findings: 4 weeks ago
Of operations _____
Of autopsy _____

8. AGE: Years 78 Months 10 Days 1 If less than one day _____ hr. _____ min.

9. Birthplace GERMANY
(City, town, or county) (State or foreign country)
10. Usual occupation NIL

11. Industry or business _____
12. Name Fred ZINSER
13. Birthplace GERMANY
(City, town, or county) (State or foreign country)
14. Maiden name DOROTHY DEEFNER
15. Birthplace GERMANY
(City, town, or county) (State or foreign country)

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Augusta Zinsler
(b) Address 4052 Castleman Av
17. (a) BURIAL (b) Date thereof MAY 11-48
(Burial, cremation or removal) (Month) (Day) (Year)
(c) Place: burial or cremation S.S.P. + PAULISEM.
18. (a) Signature of funeral director E. J. Schuur
(b) Address 3125 Lafayette Av
MAY 10 1948 (b) J. P. Bredeck
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) 4-28-48 road
(b) Date of occurrence at home
(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?
None (Specify type of place)
While at work _____ (c) Means of injury Car
23. Signature John P. Murphy M.D. (M.D. or other)
Address 438 N. Grand Blvd Date signed 5-10-48

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. *4014*

P. O. Address *325 Lafayette*

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.