

3008  
0-47  
7-39  
3908

FEDERAL BUREAU OF INVESTIGATION  
National Office of Vital Statistics  
STANDARD CERTIFICATE OF DEATH

34881  
State File No. 8816  
Registrar's No.

FILED OCT 23 1948 318  
Registration District No.

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  
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4535 Ruskin Ave.  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country

3: (a) PRINT FULL NAME William G. Zinger  
3. (b) If veteran, name war  
3. (c) Social Security No.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Oct. day 9  
year 1948 hour 1 minute 30 P. M.

4. Sex Male  
5. Color or race White  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Laura Proctor Zinger  
6. (c) Age of husband or wife if alive years  
7. Birth date of deceased January 18, 1893  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 1947 present, 1948  
that I last saw him alive on 10-9-1948  
and that death occurred on the date and hour stated above.

8. AGE: Years 55 Months 8 Days 21  
If less than one day hr. min.

Immediate cause of death  
Due to congestive heart failure  
rheumatic heart disease  
mitral stenosis  
Duration 4 days  
92

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

10. Usual occupation Furniture Dealer

11. Industry or business

12. Name Frank Zinger

13. Birthplace Germany  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Kirkland

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

16. (a) Informant Daniel J. Murphy  
(b) Address 4535 Ruskin Ave.

17. (a) Burial (b) Date thereof 10/12/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Stroot-Carroll  
(b) Address 4600 Natural Bridge Ave.

19. (a) Oct 11 1948 (b) J.B. Hasler  
(Date received local registrar) (Registrar's signature)

Other conditions (Include pregnancy within 3 months of death) 92

Major findings:  
Of operations  
Of autopsy

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

21. Signature C. O. ... M. D. or other  
Address 2322 N. Kingshighway Date signed 10/11/48

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

**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

*Bernard A. Freeman*

Licensed Embalmer No. *4366*

P. O. Address *St. Louis, Mo.*

**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.**

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County.....  
(b) City or town St Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
  
(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 Wm G. Zinger

3. (b) If veteran, name war..... (c) Social Security No. ....

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Wid

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

7. Birth date of deceased.....  
(Month) (Day) (Year)

8. AGE: Years 55 Months Days If less than one day  
hr. min. no

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

10. Usual occupation State Ins Furniture Dealer

11. Industry or business.....

MOTHER FATHER { 12. Name.....

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

14. Maiden name.....

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

16. (a) Informant.....

(b) Address.....

17. (a) (Burial, cremation, or removal) (b) Date thereof.....  
(Month) (Day) (Year)

(c) Place: burial or cremation.....

18. (a) Signature of funeral director.....

(b) Address.....

19. (a) (Date received local registrar) OCT 29 1945 (b) J. B. Lasater Registrar's signature

2. USUAL RESIDENCE OF DECEASED:

(a) State..... (b) County.....  
(c) City or town.....  
(If outside city or town limits, write "RURAL")  
(d) Street No.....  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... day.....  
year..... hour..... minute..... M.

21. I hereby certify that I attended the deceased from..... to....., 19.....;  
that I last saw h..... alive on....., 19.....;  
and that death occurred on the date and hour stated above.  
Immediate cause of death.....

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?

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

23. Signature..... (M. D. or other).....

Address..... Date signed.....

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

SLIPPED LAMINATED

S-34881

1620-28/3