

FILED NOV 25 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. 39483  
Registrar's No. 9764

BIRTH NO.		REG. DIST. NO. 318	PRIMARY REG. DIST. NO. 1003	Registrar's No. 9764	
1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis			
d. FULL NAME OF HOSPITAL OR INSTITUTION Josephine Heitkamp Hospital		d. STREET ADDRESS (If rural, give location) 17- 3629 Shenandoah			
3. NAME OF DECEASED (Type or Print) Theresa		a. (First) Theresa	b. (Middle) C.	c. (Last) Zinck	
4. DATE OF DEATH (Month) (Day) (Year) Nov. 11, 1949					
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH Aug. 23, 1882		9. AGE (In years last birthday) 67			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Summerfield, Ill.	
12. CITIZEN OF WHAT COUNTRY? U.S.					
13a. FATHER'S NAME Unknown Christian		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Julius T. Zinck	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Clarence Zinck, 1204 N. 8th St.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc.: It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion ch myocarditis ANTECEDENT CAUSES (b) Hypertension - ch nephritis Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) - II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) no		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 102	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? Hit by car	
22. I hereby certify that I attended the deceased from Aug, 1947, to Nov. 11, 1949, that I last saw the deceased alive on Nov 10, 1949, and that death occurred at 12:08am., from the causes and on the date stated above.					
23a. SIGNATURE 3203 of Grand City (Degree or title)		23b. ADDRESS P. Bergm		23c. DATE SIGNED 11-12-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 11-12-49		24c. NAME OF CEMETERY OR CREMATORY	
24d. LOCATION (City, town, or county) (State) New Baden, Ill.					
DATE REC'D BY LOCAL NOV 12 1949		REGISTRAR'S SIGNATURE J. B. Sauter		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe, 4700 Washington Blvd.	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Edward G. Padgett*

Licensed Embalmer No. *4077*

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.