

FILED JUN 30 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20749**

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **500** Registrar's No. **1353**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits of RURAL and give township) St. Louis		c. CITY OR TOWN St. Louis	
c. LENGTH OF STAY (In this place) 6 Yrs.		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2725 Hanley Road		e. STREET ADDRESS (If rural, give location) 2725 Hanley Road	

3. NAME OF DECEASED (Type or Print) a. (First) Louisa b. (Middle) M c. (Last) Zink			4. DATE OF DEATH (Month) (Day) (Year) 6/12/55		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED? Widowed	
8. DATE OF BIRTH 10/24/1863		9. AGE (In years last birthday) 91		IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME Bernard Urban		13b. MOTHER'S MAIDEN NAME Unk.		14. NAME OF HUSBAND OR WIFE John Zink Dec.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mrs. Clara Storms ADDRESS 2725 Hanley Rd.	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) General Senility		INTERVAL BETWEEN ONSET AND DEATH 2 da	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Terminal Bronchopneumonia			
DUE TO (c)					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **10 June, 1955**, to **death**, 19____, that I last saw the deceased alive on **10 June, 1955**, and that death occurred at **0:45 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE Paul R. Whitener (Degree or title) M.D.		23b. ADDRESS 2403 Brown St. Louis (14 Mo)		23c. DATE SIGNED 13 June 1955	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5/15/55		24c. NAME OF CEMETERY OR CREMATORY Laurel Hill Cemetery	
				24d. LOCATION (City, town, or county) (State) St. Louis, Co, Missouri	

DATE REC'D BY LOCAL REG. 6/13/55		REGISTRAR'S SIGNATURE Herbert L. Donker		25. FUNERAL DIRECTOR'S SIGNATURE Jos. W. Clark ADDRESS 1125 Hodiamont Ave.	
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(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.....
Signature of Student Embalmer

Signed.....

Alfred J. Bredet

Licensed Embalmer No. 26

P. O. Address 112 57th

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.