

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

10094

**1. PLACE OF DEATH**

County..... Registration District No. 702  
 Township..... Primary Registration District No. 1002  
 City..... St. Louis, Mo. (No. 6310 Idaho)..... St. .... Ward)

File No. ....  
 Registered No. 2102

**2. FULL NAME** August Joseph Zinselmeier,

(a) Residence, No. 6310 Idaho St. 1 Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Catherine Zinselmeier</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 7, 1862</u>		
7. AGE	YEARS <u>69</u>	MONTHS <u>8</u>
	DAYS <u>23</u>	If LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Cabinet Maker</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	
	11. Total time (years) spent in this occupation	

12. BIRTHPLACE (CITY OR TOWN) St. Louis, MO.  
 (STATE OR COUNTRY)

FATHER  
 13. NAME Frank Zinselmeier  
 14. BIRTHPLACE (CITY OR TOWN) Germany  
 (STATE OR COUNTRY)

MOTHER  
 15. MAIDEN NAME Unknown  
 16. BIRTHPLACE (CITY OR TOWN) Unknown  
 (STATE OR COUNTRY)

17. INFORMANT Catherine Zinselmeier  
 (ADDRESS) 6310 Idaho

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Mt Hope DATE 3-4- 1932

19. UNDERTAKER Southern Grand  
 (ADDRESS) 6320 Grand Blvd

20. FILED 19-32  
W. C. Parker  
 Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-1- 19 32

22. I HEREBY CERTIFY, That I attended deceased from Feb 22, 1932 to 3-1-32, 1932  
 I last saw him alive on Feb 29, 1932 Death is said to have occurred on the date stated above, at 7-12 a. m.  
 The principal cause of death and related causes of importance were as follows:

- Mediasternal carcinoma Date of onset inset about one year
- Fluid in large amt. in chest

Other contributory causes of importance:  
HE (1)  
(bloody pleural fluid)

Name of operation..... Date of.....  
 What test confirmed diagnosis? ray Was there an autopsy? No.  
 23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? No. Date of injury....., 19.....  
 Where did injury occur?..... (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....  
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No.  
 If so, specify.....  
 (Signed) W. H. Schaeffer M. D.  
 (Address) 4602 Grand

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

