

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

Do not use this space.

**1. PLACE OF DEATH**

County.....SEP 13 1934  
Township.....  
City.....St. Louis, (No. ....)

Registration District No. 791  
Primary Registration District No. 1003  
Luthern Hosp.

File No. 31372  
Registered No. 8685  
St. .... Ward

**2. FULL NAME**

Herman Zinzer

(a) Residence, No. 4- Grantwood Hills St., n R Ward.

(If nonresident, give city or town and State) Atton, Mo.

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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 26th, 1873  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 61 1 1

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Horse-shoer  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired  
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

13. NAME Fredrich Zinzer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Amelia Futzner

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Mary Zinzer (ADDRESS) 4 Grantwood Hills Atton

18. BURIAL, CREMATION, OR REMOVAL PLACE Sunset Burial DATE Aug 29, 1934

19. UNDERTAKER Al. Traub (ADDRESS) 2015 Meramec Street

20. FILED AUG 26 1934 Jos. J. Dredack Registrar.

**3 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 27th, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 20 1934, to Aug 27, 1934  
I last saw him alive on Aug 26, 1934 Death is said to have occurred on the date stated above, at 5/40 a.m.

The principal cause of death and related causes of importance were as follows:

Appendicitis Gangrenous Date of onset 8-20-34  
Peritonitis General 8-20-34

Name of operation Appendectomy Date of Aug 23-34

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? 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 Appendicitis  
(Signed) Arthur Youngman, M. D.  
(Address) 2015 Meramec Street

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.

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

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