

REC'D MAR 14 1938.

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

4834

Do not use this space.

## 1. PLACE OF DEATH

(a) County..... Registration District No. **791**  
 (b) Township..... Primary Registration District No. **1003**  
 (c) City **St. Louis, Mo.** (d) Street No. **City Infirmary.** Registered No. **1479**  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

**Charles Zink, 520**  
 (a) Residence, No. **5890 Arsenal St.** St. **13**  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Malw** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  
**Widower**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Mrs. Harry Levine.**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **February 18, 1886**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
**51' 11 22**

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Teamster-Tuck-**  
**(pointer)**  
 9. Industry or business in which work was done, as 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) (STATE OR COUNTRY) **St. Louis, Missouri.**

13. NAME **Not Known.**

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

15. MAIDEN NAME **Not Known.**

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

17. INFORMANT (ADDRESS) **E. Molony, 5800 Arsenal St.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Friedens.** DATE **Feb 12, 1938**

19. FUNERAL DIRECTOR (ADDRESS) **Math Hermann & Son 2161 East Fair Ave.**

20. FILED **FEB 10 1938**

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **February 9, 1938**

22. I HEREBY CERTIFY, That I attended deceased from **July 16, 1936, to February 9, 1938**

I last saw him alive on **February 9, 1938** Death is said to have occurred on the date stated above, at **7:15 m. a.m.**

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

**Asthma, Bronchial**

Other contributory causes of importance:

**Huntington's Chorea**

Name of operation **none** Date of **None**  
 What test confirmed diagnosis? **Chemical** Was there an autopsy? **None**

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?

If so, specify

(Signed) **T. Young, M. D.**

(Address) **5800 Arsenal**

STATEMENT BY LICENSED EMBALMER

I, William G. Buchholz, Licensee, Licensed Embalmer No. 2110

hereby certify that the body recorded on the reverse side of this certificate was embalmed by William G. Buchholz

Buchholz L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_ Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed William G. Buchholz

Licensed Embalmer No. 2110

**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.)**