

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

8880
Do not use this space.

REC'D APR 1 1938

791
1003

1. PLACE OF DEATH
 (a) County Registration District No.
 (b) Township Primary Registration District No.
 (c) City St. Louis, Missouri (d) Street No. Barnes Hospital St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (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 George Clarence Zumwinkel 552
 (a) Residence, No. 4475 West Pike St. 19 (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male
 4. COLOR OR RACE White
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Betty May Zumwinkel
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1889-12-5
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
 48 3 8
 OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Broker
 9. Industry or business in which work was done, as saw mill, bank, etc. Real Estate
 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) Leavenworth, Kans. 1
 FATHER
 13. NAME Wm. C. Zumwinkel, 6
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 6
 MOTHER
 15. MAIDEN NAME Wilhelmina Rechtenwald 9
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ? U. S. A.
 17. INFORMANT Betty Zumwinkel, (ADDRESS) 4475 West Pike Blvd.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla DATE 3/15/38 19
 19. FUNERAL DIRECTOR Robert J. Ambruster, (ADDRESS) Clayton Rd at Concordia Lane.
 20. FILED J. P. Budick Local Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/13/38 19
 22. I HEREBY CERTIFY, That I attended deceased from 3-8-38 19, to 3-13-38 19.
 I last saw him alive on 3-13-38 19. Death is said to have occurred on the date stated above, at 1:15 p.m.
 The principal cause of death and related causes of importance were as follows:
 Renal Carcinoma, st. op.
 Post-op. septicemia
 Other contributory causes of importance: Bronchopneumonia, terminal
 Name of operation Nephrectomy, st. Date of 3-9-38
 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?
 If so, specify
 (Signed) Alfred G. Gohorn, M. D.
 (Address) Barnes Hosp.

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.

MAR 14 1938

STATEMENT BY LICENSED EMBALMER

I, Robert J. Ambruster, Licensed Embalmer No. 1994

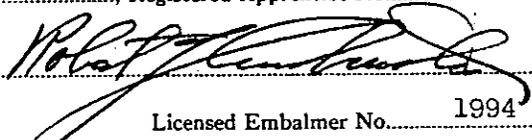
hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No..... or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....



Licensed Embalmer No. 1994

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.)