

Registration District No. 104

Primary Registration District No. 104

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Ferguson
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
#12 Royal Pl.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____
(c) City or town Ferguson
(If outside city or town limit, write "RURAL")
(d) Street No. #12 Royal Pl.
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME Frederick Wm. Zingsheim

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Annabelle Zingsheim 6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased Feb. 2nd 1865
(Month) (Day) (Year)

8. AGE: Years 75 Months 2 Days 4 If less than one day _____ hr. _____ min.

9. Birthplace New York
(City, town, or county) (State or foreign country)

10. Usual occupation Manufacturing Business

11. Industry or business retired

12. Name Gottfried Zingsheim

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Germany
(City, town, or county) (State or foreign country)

18. (a) Informant A.G. Zingsheim

(b) Address #12 Royal Pl.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-9-40
(Month) (Day) (Year)

(c) Place: burial or cremation St. Matthews Cem.

18. (a) Signature of funeral director Kriegshauser, Mortuary
(b) Address 4228 So. Kingshighway

19. (a) APR - 8 1940 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 6 the year 40 hour 11:45 minute P. M.

21. I hereby certify that I attended the deceased from 4-1-40 to 4-7-40, 1940; that I last saw him alive on 4-7-40, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarction Duration 7-7-40

Due to Myocardial Infarction 1935
Myocardial Infarction 1934
Myocardial Infarction 1936

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: None 131
Diagnoses _____

Of autopsy None
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) ✓
(b) Date of occurrence ✓
(c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? ✓

(e) While at work? _____ (Specify type of place)
(f) Means of injury ✓

23. Signature [Signature] (M. D. or other)

Address [Signature] Date signed 4-8-40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

26
3
1

MOTHER: FATHER:

Dr. Roy Johnson
40 N. Harrison Rd. 8³⁰
141 N. Clark
Hewer 430
R6

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.....

....., Registered Apprentice No.

working under my personal supervision.

Signed Edwin M. Bennett
Licensed Embalmer No. 3024

P. O. Address.....

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 this body is not embalmed, above space should be left blank.