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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 16897

FILED JUN 9 1944

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4998

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Lukes
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis

(c) City or town ~~St. Louis~~ University City
(If outside city or town limits, write "RURAL")

(d) Street No. 6550 Cabanne Ave.
(If rural, give location) R R

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Francis C. Zink

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Dec. 7, 1873 1873
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
70	5	19	hr. min.

9. Birthplace Iola (City, town, or county) Kan. (State or foreign country)

10. Usual occupation

11. Industry or business

FATHER
12. Name Wm. Henry Zink
13. Birthplace Fulton County (City, town, or county) Ill. (State or foreign country)

MOTHER
14. Maiden name Rachael Hitchcock Wooden
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Clara Metzalf
(b) Address 140 S. Gore Ave. Webster Groves Mo.

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof May 29, 1944 (Month) (Day) (Year)
(c) Place: burial or cremation Missouri Crematory

18. (a) Signature of funeral director Jay B. Smith
(b) Address 7456 Manchester, Maplewood, Mo.

19. (a) MAY 29 1944 (Date received local registrar) (b) J. F. Bresch (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 26th year 1944 hour 4 minute 45 P.M.

21. I hereby certify that I attended the deceased from May 1, 1936 to May 26, 1944 that I last saw him alive on May 26, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Tuberculosis } Mesenteric, Hepatic, Splenic	Several years
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) Pneumonia - Bronchial Terminal	3 days
Major findings: Of operations None	
Of autopsy As above	

PHYSICIAN

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

23. Signature John R. Vaughan (M. D. or other)
Address 634 No. Grand Date signed 5-29-44

(Licensed Embalmer's Statement on Reverse Side)

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 3454

....., Registered Apprentice No.....

working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address 7456 Manchester

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

JUN 10

State File No.

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4928

1. PLACE OF DEATH:

(a) County

(b) City or town St Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Francis C. Zink

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced S.

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Dec 7 1873
(Month) (Day) (Year)

8. AGE: Years 70 Months 5 Days 19 If less than one day: hr. min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name
13. Birthplace
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace
(City, town, or county) (State or foreign country)

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) JUN 12 1944 (Date received local reg.) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May Day 24 year 1944 hour minute M.

21. I hereby certify that I attended the deceased from 19 to 19; that I last saw him alive on 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations

Of autopsy

PHYSICIAN

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature (M. D. or other)

Address Date signed

SUPPLEMENTARY

FILE

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