

FILED SEP 18 1944
1818

Registration District No. _____

Primary Registration District No. 10033069

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

1. PLACE OF DEATH:

(a) County. St. Louis - Rich Plfts
(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. Mary's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 5 days
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. 0000
(c) City or town. St. Louis
(If outside city or town limits, write "RURAL") 17
(d) Street No. 3620 Folsom Avenue
(If rural, give location) ?
(e) Citizen of foreign country? No (Yes or No)
If yes, name country. _____

3. (a) PRINT FULL NAME William Zink

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex. Male 5. Color or race. White 6. (a) Single, widowed, married, divorced. Married
6. (b) Name of husband or wife. Beezie Farrington Zink 6. (c) Age of husband or wife if alive. 73 years
7. Birth date of deceased. June 14 1860
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
84 2 26 hr. min.

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

10. Usual occupation. Real Estate

11. Industry or business _____

MOTHER FATHER

12. Name. Michael Zink
13. Birthplace. Germany (City, town, or county) (State or foreign country)
14. Maiden name. Elizabeth Bulzinger
15. Birthplace. France (City, town, or county) (State or foreign country)

16. (a) Informant. Beezie Zink
(b) Address. 3620 Folsom
17. (a) Burial (b) Date thereof. Sept 12 '44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation. Calvary Cemetery

18. (a) Signature of funeral director. Shos J. Simon
(b) Address. 1519 So. Grand Blvd
19. (a) SEP 10 1944 (b) C. D. McLaughlin, M.D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept year 1944 Day 7 hour 10 minute AM M.

21. I hereby certify that I attended the deceased from Sept 6 1944 to Sept 9 1944 that I last saw him alive on Sept 8 1944 and that death occurred on the date and hour stated above.

Immediate cause of death. Later Pneumonia & Acute Cardiac Failure

Due to Chronic Hypertension
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations. None Of autopsy. Yes
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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? _____

23. Signature. [Signature] (M. D. or other) 9/9/44
Address _____ Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 Howard Rowland

Licensed Embalmer No. 3114

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, fact should be so stated above.