

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 1746

FILED FEB 11 1947  
Registration District No. 118

Primary Registration District No. 4188

Registrar's No. 38

1. PLACE OF DEATH:

(a) County Gasconade  
(b) City or town Owensville  
(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  
in this community Lifetime years, months or days)

3. (a) PRINT FULL NAME HELENA ELIZABETH ZINN

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

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced, widowed  
6. (b) Name of husband or wife Harry Zinn 6. (c) Age of husband or wife if alive dead years  
7. Birth date of deceased September 4 1962 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
84 4 27 - hr. - min.

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

10. Usual occupation Housework

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Theodore Hengstenberg 11  
13. Birthplace Germany (City, town, or county) (State or foreign country)  
14. Maiden name Christina Koch  
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Miss Clara Zinn  
(b) Address Owensville, Mo.

17. (a) Burial (b) Date thereof 2 3 1947 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Owensville City Cemetery

18. (a) Signature of funeral director Millard V. V. White  
(b) Address Owensville, Mo.

19. (a) 2-3-47 (b) Donny Hackett (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gasconade 37  
(c) City or town Owensville 2  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 1 year 1947 hour 5 minute A M.

21. I hereby certify that I attended the deceased from Jan 19 47 to Feb 1 19 47  
that I last saw him alive on Jan 30 19 47  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Bronchitis 4 wks  
acute myocardial failure 2 dn Duration

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions Chronic Bronchitis  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_ Of autopsy none 107  
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 Charles A. Smith (M.D. or other) \_\_\_\_\_  
Address Gerald Mo Date signed 2-2-47

362 (Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED  
District Health Officer No. 9,  
District File Number  
Date Filed 2-10-47

### 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 Me

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed Melford H. W. White  
Licensed Embalmer No. 3838  
P. O. Address Owensville Mo.

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.