

No. 2  
-1/47  
-17-39

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **11157**  
Registrar's No. **699**

National Office of Vital Statistics  
**FILED MAR 22 1948**

Registration District No. **379**

Primary Registration District No. **4467**

1. PLACE OF DEATH:

(a) County **St Louis**

(b) City or town **Valley Park**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **R.R. #1**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... (Specify whether)

In this community..... (Specify whether)  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis** **96**

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

(d) Street No. **R. R. #1**  
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME **Elizabeth 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 **3 Divorced**

6. (b) Name of husband or wife **Charles Zink**

6. (c) Age of husband or wife if alive **79** years

7. Birth date of deceased **Sept. 10 1868**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>78</b>	<b>09</b>	<b>5</b>	<b>24</b>
	hr. .... min.			

9. Birthplace **Sandoval Illinois**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business.....

12. Name **B. W. Stead**

13. Birthplace **England** **4**  
(City, town, or county) (State or foreign country)

14. Maiden name **Matilde Martin**

15. Birthplace **England** **4**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Clara Wulfmeyer**

(b) Address **R. R. #1 Valley Park, Mo.**

17. (a) **Removal** (b) Date thereof **3/14/48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Sandoval, Ill.**

18. (a) Signature of funeral director **Louis H. Bopp, Inc.**

(b) Address **131 W. Argonne Dr., Kirkwood**

19. (a) **3-14-48** (b) **Charles J. Shapiro**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **3** day **14**  
year **1948** hour..... minute..... M.

21. I hereby certify that I attended the deceased from **Sept**, 19**47** to **Mar. 4**, 19**48**  
that I last saw her alive on **Mar 4**, 19**48**  
and that death occurred on the date and hour stated above.

Immediate cause of death **arterio-sclerotic heart disease**

Due to..... **93d**

Due to.....

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

Major findings:  
Of operations.....

Of autopsy.....

Duration

PHYSICIAN

Underline the cause of 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?..... (Specify type of place)

Meaning of injury.....

23. Signature **Royal C. McLean** (M. D. or other) **11**

Address **Kirkwood Mo** Date signed **3-14-48**

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

MOTHER FATHER

APR 8 1948

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 Peter B. DuMoulin

Licensed Embalmer No. 3691

P. O. Address Richmond Heights 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.