

FILED OCT 10 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

32022

State File No. \_\_\_\_\_

7851

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. _____				
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b>				b. COUNTY <b>St. Louis</b>		
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		c. LENGTH OF STAY (in this place) _____		d. CITY (If outside corporate limits, write RURAL and give township) <b>Clayton</b>		4442				
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Deaconess</b>				d. STREET ADDRESS (If rural, give location) <b>7918 Kingsbury</b>				/		
3. NAME OF DECEASED (Type or Print) <b>BERNICE</b>			a. (First) _____		b. (Middle) <b>M.</b>		c. (Last) <b>ZINGRE</b>			
4. DATE OF DEATH (Month) (Day) (Year) <b>Sept. 13, 1950</b>										
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Divorced</b>		8. DATE OF BIRTH <b>Aug. 22, 1892</b>		9. AGE (In years last birthday) <b>58</b> if under 1 year: Months <b>0</b> Days <b>21</b> if under 11 hrs. Hours <b>21</b> Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Housewife</b>		11. BIRTHPLACE (State or foreign country) <b>Clayton, Missouri</b>			12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		
13a. FATHER'S NAME <b>Peter Wetzel</b>			13b. MOTHER'S MAIDEN NAME <b>Mollie Burkhardt</b>			14. NAME OF HUSBAND OR WIFE <b>L. Peter Wetzel, Clayton 24, Mo.</b>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>			16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <b>L. Peter Wetzel, Clayton 24, Mo.</b>				ADDRESS _____	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Massive Cerebral Hemorrhage</b>						INTERVAL BETWEEN ONSET AND DEATH <b>1 day</b>		
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>General Arterial Sclerosis and Hypertension</b>						<b>5 years</b>		
		DUE TO (c) _____								
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Chronic nephritis - chronic icterus from partial common bile duct obstruction.</b>								
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <b>No operation Recently.</b>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____						
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>3341X</b>						
22. I hereby certify that I attended the deceased from <b>March, 1950</b> , to <b>Sept 13, 1950</b> , that I last saw the deceased alive on <b>Sept 13, 1950</b> , and that death occurred at <b>11:37 A.M.</b> , from the causes and on the date stated above.										
23a. SIGNATURE (Degree or title) <b>Mr. W. Norton, M.D.</b>				23b. ADDRESS <b>634 No. Grand Blvd.</b>				23c. DATE SIGNED <b>9-14-50</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>9/15/50</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Gumbo Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Gumbo, Missouri</b>				
DATE REC'D BY LOCAL REG. <b>SEP 16 1950</b>		REGISTRAR'S SIGNATURE <i>[Signature]</i>				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Louis H. Bopp, Inc., Kirkwood, Mo.</b>				

(Licensed Embalmer's Statement on Reverse Side)

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

J E 666

**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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed Peter D. Dubrowick

Signed.....  
Student Embalmer

Licensed Embalmer No. 3681

P. O. Address Rockwell 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.