

FILED DEC 27 1950

STANDARD CERTIFICATE OF DEATH

43066

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **10673**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION Jewish Hospital		d. STREET ADDRESS (If rural, give location) 5226 Loughborough Ave.	
3. NAME OF DECEASED (Type or Print) CLARENCE		4. DATE OF DEATH (Month) (Day) (Year) Dec. 13 1950	
a. (First) C. b. (Middle) ZINSER c. (Last)		5. SEX Male 6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Dec. 25, 1880	
9. AGE (In years last birthday) 69		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Protection Dep't.-Stix, Baer & Fuller	
11. BIRTHPLACE (State or foreign country) Ohio		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME Julius Zinser		13b. MOTHER'S MAIDEN NAME Emma Klipstein	
14. NAME OF HUSBAND OR WIFE May A. Zinser		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. 494-10-1162		17. INFORMANT'S SIGNATURE OR NAME May A. Zinser ADDRESS 5226 Loughborough Ave.	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion INTERVAL BETWEEN ONSET AND DEATH 3 Mos. ANTECEDENT CAUSES DUE TO (b) Arteriosclerosis 10 yrs DUE TO (c) Bronchitis, Chronic	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? 420 ft		22. I hereby certify that I attended the deceased from July 10, 1948 , to Dec 13, 1950 , that I last saw the deceased alive on Dec 12, 1950 , and that death occurred at 3:15 A. m. , from the causes and on the date stated above.	
23a. SIGNATURE Norman W. Deery (Degree or title)		23b. ADDRESS 607 N. Grand	
23c. DATE SIGNED 14 Dec 50		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE Dec. 15, 1950		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	
24d. LOCATION (City, town, or county) (State) St. Louis, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Kriegshauser ADDRESS 4228 S. Kingshighway Bl.	
DATE REC'D BY LOCAL REG. DEC 14 1950		REGISTRAR'S SIGNATURE J B Lusater	

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

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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.

Signed.....
Student Embalmer

Student Embalmer No.....

Signed *Edwin A M Bennett*

Licensed Embalmer No. *3024*

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.