

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6141

State File No.

FEB 23 1952

BIRTH NO. REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 38

1. PLACE OF DEATH a. COUNTY St. Charles County		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY ST. LOUIS	
b. CITY (If outside corporate limits, write RURAL and give township) St. Charles		c. CITY (If outside corporate limits, write RURAL and give township) ST LOUIS Mo	
c. LENGTH OF STAY (In this place) 19 days		d. STREET ADDRESS (If rural, give location) 4128 W PINE BLVD.	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) WALTER	b. (Middle)	c. (Last) ZINN	4. DATE OF DEATH (Month) (Day) (Year) 2 19 1952
-------------------------------------	-------------------	-------------	----------------	--

5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH AUG 18 - 1892	9. AGE (In years last birthday) 57	10. MONTHS 5	11. DAYS 30	12. HOURS 1	13. MIN. 1
-------------	------------------------	---	-----------------------------------	---------------------------------------	-----------------	----------------	----------------	---------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stone Derrick man	10b. KIND OF BUSINESS OR INDUSTRY Vickery Const	11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY? USA
--	--	---	-------------------------------------

13a. FATHER'S NAME ANDERSON ZINN	13b. MOTHER'S MAIDEN NAME Laura Ellis	14. NAME OF HUSBAND OR WIFE EDNA ZINN
-------------------------------------	--	--

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. 499-03-4008	17. INFORMANT'S SIGNATURE OR NAME Edna Zinn	18. ADDRESS 4128 W Pine St Louis
---	--	--	-------------------------------------

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lower nephron nephrosis & uremia		INTERVAL BETWEEN ONSET AND DEATH 3 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
	DUE TO (b) Pulmonary embolism & pneumonia		20 days
	DUE TO (c) Central concussion, Fracture of ribs bilateral mediastinal injury, Fracture of ribs, Fracture of femur		15
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fracture of ribs, Fracture of femur, shock			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
------------------------	----------------------------------	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify) X	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Site of building project	21c. (CITY, TOWN, OR TOWNSHIP) 130 (COUNTY) (STATE) St. Charles St. Charles Mo.
--	--	--

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 1 31 52 11a.m.	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? Fall from Scaffold. E9026
---	---	---

22. I hereby certify that I attended the deceased from Jan. 31, 1952, to Feb. 19, 1952, that I last saw the deceased alive on Feb. 19, 1952, and that death occurred at 9:15a. m., from the causes and on the date stated above.

23a. SIGNATURE Russell Glider M.D.	23b. ADDRESS St Charles Mo	23c. DATE SIGNED 2-19-52
---------------------------------------	-------------------------------	-----------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE Feb 23 - 1952	24c. NAME OF CEMETERY OR CREMATORY Belle Mo	24d. LOCATION (City, town, or county) (State) Belle Mo
---	----------------------------	--	---

DATE REC'D BY LOCAL REG. 2-18-52	REGISTRAR'S SIGNATURE Russell Glider	25. FUNERAL DIRECTOR'S SIGNATURE Kreighbaum	ADDRESS 4228 So Khury.
-------------------------------------	---	--	---------------------------

WRITE PLAINLY—USING BLACK INK—MAKE A PERMANENT RECORD

23
0

0
0

MAH 21 1952

MAH 21 1952

MAH 21 1952

MAH 21 1952

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 *Ed. D. Mc Dermott*

Signed.....
Student Embalmer

Licensed Embalmer No. *3024*

P. O. Address *St. Louis 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.