

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **10804**  
Registrar's No. **3013**

FILED APR 12 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

|   |  |  |  |
|---|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY                                      |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence, before admission)<br>a. STATE<br><b>Missouri</b><br>b. COUNTY |  |
| b. CITY OR TOWN <b>St. Louis</b>                                    |  | c. CITY OR TOWN <b>St. Louis</b>   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>St. John's Hospt.</b> |  | d. STREET ADDRESS<br><b>5915 Theodosia Ave.</b>  |  |

|  |            |             |           |   |
|--|------------|-------------|-----------|---|
| 3. NAME OF DECEASED<br>(Type or Print)<br><b>Mary Zink</b> | a. (First) | b. (Middle) | c. (Last) | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><b>Mar. 29 1952</b> |
|--|------------|-------------|-----------|---|

|                         |                                  |  |   |  |                           |                          |                          |                         |
|-------------------------|----------------------------------|--|---|--|---------------------------|--------------------------|--------------------------|-------------------------|
| 5. SEX<br><b>Female</b> | 6. COLOR OR RACE<br><b>White</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Married</b> | 8. DATE OF BIRTH<br><b>June 15 1986</b> | 9. AGE (In years last birthday)<br><b>65</b> | IF UNDER 1 YEAR<br>Months | IF UNDER 24 HRS.<br>Days | IF UNDER 1 MIN.<br>Hours | IF UNDER 1 MIN.<br>Min. |
|-------------------------|----------------------------------|--|---|--|---------------------------|--------------------------|--------------------------|-------------------------|

|   |   |   |  |
|---|---|---|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Housewife</b> | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>At Home</b> | 11. BIRTHPLACE (State or foreign country)<br><b>St. Louis Co. Mo.</b> | 12. CITIZEN OF WHAT COUNTRY?<br><b>USA</b> |
|---|---|---|--|

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|--|---|---|
| 13a. FATHER'S NAME<br><b>Joseph Hagner</b> | 13b. MOTHER'S MAIDEN NAME<br><b>Margaret Koenig</b> | 14. NAME OF HUSBAND OR WIFE<br><b>John Zink</b> |
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|  |  |   |                                       |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)<br><b>NO</b> | 16. SOCIAL SECURITY NO.<br><b>None</b> | 17. INFORMANT'S SIGNATURE OR NAME<br><b>John Zink</b> | ADDRESS<br><b>5915 Theodosia Ave.</b> |
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| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br><i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i> | MEDICAL CERTIFICATION   |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>3 Mo.</b> |
|  | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)<br><b>Abdominal Carcinomatosis</b>   |  |  |
|  | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>Carcinoma of Stomach</b><br>DUE TO (c) |  |  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.  |   |  |  |

|  |  |   |
|--|--|---|
| 19a. DATE OF OPERATION<br><b>3/28/52</b> | 19b. MAJOR FINDINGS OF OPERATION<br><b>Extensive Abdominal Carcinoma</b> | 20. AUTOPSY?<br>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?<br><b>157X</b> |
|--|--|---|

22. I hereby certify that I attended the deceased from **3/24**, 19**52**, to **3/29**, 19**52**, that I last saw the deceased on **3/29**, 19**52**, and that death occurred at **12:50P** m., from the causes and on the date stated above.

|  |                |                                      |                                    |
|--|----------------|--------------------------------------|------------------------------------|
| SIGNATURE<br><b>James T. Houston, M.D.</b> | (Degree title) | 23b. ADDRESS<br><b>6824 N. Grand</b> | 23c. DATE SIGNED<br><b>3/31/52</b> |
|--|----------------|--------------------------------------|------------------------------------|

|  |                                  |   |   |
|--|----------------------------------|---|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b> | 24b. DATE<br><b>April 1 1952</b> | 24c. NAME OF CEMETERY OR CREMATORY<br><b>Calvary Cem.</b> | 24d. LOCATION (City, town, or county) (State)<br><b>St. Louis Mo.</b> |
|--|----------------------------------|---|---|

|   |   |                                       |
|---|---|---------------------------------------|
| DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE<br><b>MAR 31 1952</b><br><b>Carl Smith M.D.</b> | 25. FUNERAL DIRECTOR'S SIGNATURE<br><b>W. Clark</b> | ADDRESS<br><b>1125 Hodiamont Ave.</b> |
|---|---|---------------------------------------|

(Licensed Embalmer's Statement on Reverse Side)

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

**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.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*John J. Haine*

Licensed Embalmer No. *4198*

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.