

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39956**
Registrar's No. **10479**

FILED NOV 29 1956

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BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL, and give town(ship)) St. Louis		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 5710 Waterman Ave. 2257				e. STREET ADDRESS (If rural, give location) 5710 Waterman Ave.			
3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) L. c. (Last) Zinselmeier			4. DATE OF DEATH (Month) (Day) (Year) Nov. 15, 1956				
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH May 16, 1892	
9. AGE (In years last birthday) 64		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 Wks. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done throughout working life, even if retired) Driver			10b. KIND OF BUSINESS OR INDUSTRY Public Service Co.		11. BIRTHPLACE (City and State or Foreign Country) St. Louis Missouri.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME William Zinselmeier			13b. MOTHER'S MAIDEN NAME Agnes Thompson		14. NAME OF HUSBAND OR WIFE Marie		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. (If yes, give war or date of service) 494-01-1096		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Roy Zinselmeier 6045 Brownleigh			
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, assthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral thrombosis ANTECEDENT CAUSES Arteriosclerotic degeneration of lung Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH 1 yr.
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION 162x					20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from Nov 10-31-1956 , 19 55 , to Nov 15, 1956 , that I last saw the deceased alive on 10-31-1956 , and that death occurred at 7:30A m. , from the causes and on the date stated above.							
23a. SIGNATURE (Do not write in title) Carl Smith MD				23b. ADDRESS 18 S. Jung highway		23c. DATE SIGNED 11-15-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11-17-56		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Missouri	
DATE REC'D BY LOCAL REG. NOV 16 1956		REGISTRAR'S SIGNATURE Carl Smith MD		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Chas. F. Stuart 1225 Union Blvd.			

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.....
Signature of Student Embalmer

Signed *Melvin L. Kemper*

Licensed Embalmer No. *405*

P. O. Address *3505 Oak St. Louis 20, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.