

FILED JAN 20 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **825**BIRTH NO. _____ REG. DIST. NO. **115-116** PRIMARY REG. DIST. NO. **3020** Registrar's No. **48**

1. PLACE OF DEATH a. COUNTY FRANKLIN		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO. b. COUNTY FRANKLIN	
d. CITY (If outside corporate limits, write RURAL and give township) OR WASHINGTON		c. LENGTH OF STAY (in this place)	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 ST. FRANCIS HOSPITAL		STREET ADDRESS (If rural, give location) R.R. # 2 0360	

3. NAME OF DECEASED (Type or Print) a. (First) EMMA b. (Middle) LOUISE c. (Last) ZINGRE			4. DATE OF DEATH (Month) (Day) (Year) JAN. 10 1958		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH APRIL 18, 1869	9. AGE (In years last birthday) 88	IF UNDER 1 YEAR Months 8 Days 22
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY HOUSEWORK	11. BIRTHPLACE (City and State or Foreign Country) AF TON, MO.		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME JACOB THEISS		13b. MOTHER'S MAIDEN NAME LOUISA MEHL		14. NAME OF HUSBAND OR WIFE JOHN WILLIAM ZINGRE	
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. NO		17. INFORMANT'S SIGNATURE OR NAME ADDRESS ROBERT ZINGRE R.R.2 UNION, MO.	

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			INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Embolism		DUPLICATE			10 min	
ANTECEDENT CAUSES		DUE TO (b) Advanced Arteriosclerosis			10 years	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) Senility			15 years	
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death. Diabetes mellitus			15 years	

19a. DATE OF OPERATION 7 Jan 58		19b. MAJOR FINDINGS OF OPERATION Sanguine, left foot		20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>	
20. 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) 4501	
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 **Oct 1957**, to **10 Jan, 1958**, that I last saw the deceased alive on **10 Jan, 1958**, and that death occurred at **3:00 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE Wm. F. Anderson		(Degree or title) M.D.		23b. ADDRESS Union, Mo		23c. DATE SIGNED 11 Jan 58	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE JAN. 12, 1958		24c. NAME OF CEMETERY OR CREMATORY UNION CEMETERY		24d. LOCATION (City, town, or county) (State) UNION MO.	

DATE REC'D BY LOCAL REG. 1/13/58		REGISTRAR'S SIGNATURE F. H. ...		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C. F. Altman UNION, MO.	
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(Licensed Embalmer's Statement on Reverse Side)

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

0.300
0.48

FEB 5 1958

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..... *Ralph C. Altman*

Licensed Embalmer No. *4800*

P. O. Address *Union*

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.