MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

42356

File No. 11488
Registered No.

1. PLACE OF DEATH

County
Registration District No.
Township
Primary Registration District No. 1707
City St. Louis (No. 4459 Russell St. St. Ward)

2. FULL NAME Unnamed Zarwitz

(a) Residence, No. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): single

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 25, 1932

7. AGE: YEARS | MONTHS | DAYS | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis !

FATHER

13. NAME Michael Zarwitz
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Roymania

MOTHER

15. MAIDEN NAME Hannah Gallek
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis !

17. INFORMANT M. Zarwitz
(ADDRESS) 4459 Russell

18. BURIAL, CREMATION, OR REMOVAL Released Shel Emetts DATE 12/25, 1932

19. UNDERTAKER H. C. Berger
(ADDRESS) 4715 Manchester

20. FILED DEC 25 1932, 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/25, 1932

22. I HEREBY CERTIFY, That I attended deceased from 12/25, 1932, to 12/25, 1932, I last saw h. alive on 12/25, 1932. Death is said to have occurred on the date stated above, at 5:30 A.m.
The principal cause of death and related causes of importance were as follows:

Date of onset

159
Term premature 6½ mo.

Other contributory causes of importance: 159

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) J. Schwadenes, M. D.
(Address) 1004 Lafayette

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.