

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

Do not use this space.

14355

1. PLACE OF DEATH
 County St. Louis Registration District No. 934
 Township Union Primary Registration District No. 6026
 City (No. St. Ward)

2. FULL NAME Basil E. Zulman
 (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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF None

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 31 - 1873
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
59 7 28

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
 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) Farmington Mo.

FATHER
 13. NAME John Zulman
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

MOTHER
 15. MAIDEN NAME Ellen Zulman
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Draft Knov.

17. INFORMANT J. E. Gessert
 (ADDRESS) Home town Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Wanda Cemetery DATE April 30, 1933

19. UNDERTAKER Farmington Mo. C. II
 (ADDRESS) Farmington Mo.

20. FILED 5-4, 1933 W. A. Kott
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 28, 1933
 22. I HEREBY CERTIFY, That I attended deceased from Apr 19, 1933 to Apr 28, 1933
 I last saw him alive on Apr 27, 1933 Death is said to have occurred on the date stated above, at 5:30 p.m.
 The principal cause of death and related causes of importance were as follows:

Acute Corbuncle - with generalized septic infection
 Other contributory causes of importance: 151
 Date of onset

Name of operation Clinical Date of Mo.
 What test confirmed diagnosis? Was there an autopsy? no.

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) R. A. Phelan, M. D.
 (Address) Farmington Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

MAY 24 1933

