APR 9 1937

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

Do not use this space.

791

10052

1. PLACE OF DEATH

County ..... Registration District No. 1003 File No. 2613

Township ..... Primary Registration District No. ..... Registered No. .....

City St. Louis Mo (No. En Route City Hospital #1 9 St. ..... Ward)

2. FULL NAME FRANCIS ZEBROWITZ

(a) Residence, No. 5949 Wells Ave St., 6 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MAY 1st 1931

7. AGE YEARS 5 MONTHS 10 DAYS 5 If LESS than 1 day, ... hrs. or ..... min.

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

FATHER
13. NAME Philip Zebrowitz
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo

MOTHER
15. MAIDEN NAME Katherine Church
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo

17. INFORMANT (ADDRESS) Philip Zebrowitz 5949 Wells Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE March 6, 1937

19. UNDERTAKER (ADDRESS) Stroot & Carroll 4600 West Bridge

20. FILED ..... 19 ..... J. F. Bredeck Registrar.

MAR 6 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/5, 1937

22. No Physician in attendance. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 11 30 a.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Fractured Pelvis, Evulsion of Bladder, Haemorrhage, received when struck & run over by auto in St. Louis, Mo

Other contributory causes of importance:

Deceased was a pedestrian

Accident

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accid. Date of injury 3/5, 1937

Where did injury occur? St. Louis, Mo (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. St. Louis, Mo

Manner of injury Struck by auto

Nature of injury Fractured Pelvis

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify .....

(Signed) Joseph M. Zeeman, M.D.

(Address) Deputy Coroner

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.

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