DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34180

Registration District No. 1791 1008 REC'D NOV 13 1939 Primary Registration District No. _____ Registrar's No. 8718 ~~9918~~

1. PLACE OF DEATH:

(a) County _____

(b) City or town St Louis (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Jewish Hospital. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days (Specify whether years, months or days)

In this community 22 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Louis 6

(c) City or town St Louis (If outside city or town limits, write "RURAL")

(d) Street No. 5604 Lotus Ave (If rural, give location)

(e) If foreign born, how long in U. S. A.? 22 years.

3. (a) PRINT FULL NAME ZEMLIAK. ROSE. 5421

3. (b) If veteran name war — 3. (c) Social Security No. —

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married divorced Married

6. (b) Name of husband or wife WILLIAM. ZEMLIAK. 6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased Unknown (Month) Feb (Day) 1866 (Year)

8. AGE: Years about 73 Months — Days — If less than one day — hr. — min.

9. Birthplace Russia. (City, town, or county) (State or foreign country)

10. Usual occupation HOUSE WORK.

11. Industry or business HOUSE WIFE

FATHER 12. Name LAEB. NEAMERUFSKY.
13. Birthplace Russia. (City, town, or county) (State or foreign country)

MOTHER 14. Maiden name SMAH KOMMON
15. Birthplace Russia. (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Philip Fishman
(b) Address 5983 HAMILTON TERR.

17. (a) Burial (Burial, Cremation, Removal) (b) Date thereof Oct-17-1939 (Month) (Day) (Year)
(c) Place: burial Chesed Shel Emeth.

18. (a) Signature of funeral director Edw. L. Oxenhandler
(b) Address 4469 Washington Blvd.

19. (a) OCT 13 1939 (Registrar and local registrar) (b) J. F. Bauschek (Physician or coroner)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct 11 day _____ year 1939 hour _____ minute 11:50 A.M.

21. I hereby certify that I attended the deceased from July 21 1939, to Oct 11 1939, that I last saw he alive on Oct. 11 1939, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of Stomach	6 mo.+
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) Metastases to Skin + brain, Diabetes Mellitus	4 mo.+

Major findings:
Of operations none
Of autopsy none

PHYSICIAN — Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____ (Specify type of place)
While at work? _____ (e) Means of injury _____

23. Signature Ben S. Sentman (M. D. or other) M.D.
Address 3903 Olive St. Date signed 10/12/39.

(Licensed Embalmer's Statement on Reverse Side)

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.

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

1 X19511

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 myself, Registered Apprentice No. ....., working under my personal supervision.

Signed V B Grenhandle

Licensed Embalmer No. 3669

P. O. Address 4469 Washingt

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 this body is not embalmed, above space should be left blank.