

WALL PAPER—USE UNWADING BLACK INK—MAKE 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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 37681

1939 DEC 13 1939

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 9520

1. PLACE OF DEATH: 1

(a) County St. Louis.

(b) City or town St. Louis, Mo.

(c) Name of hospital or institution: City Infirmiry Hospital

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution October 12, 1939

40yrs. (Specify whether _____)

In this community _____
years, months or days)

3. (a) PRINT FULL NAME LeofZewiski.

3. (b) If veteran, name war _____

3. (c) Social Security No. 497-03-0678

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mary Zewiski.

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased July 9th 1880.

(Month) (Day) (Year)

8. AGE: Years 59 Months 3 Days 28

If less than one day _____ hr. _____ min.

9. Birthplace Illinois. American.

(City, town, or county) (State or foreign country)

10. Usual occupation Machine Fergulworker

11. Industry or business Alexblon Mfg Co 3844 Wash

MOTHER FATHER { 12. Name MATHIAS Zewiski

18. Birthplace Germany.

14. Maiden name Mary Mindac

(City, town, or county) (State or foreign country)

15. Birthplace Illinois.

(City, town, or county) (State or foreign country)

16. (a) Informant's own signature G. Milomay

(b) Address 5800 Arsenal St.

17. (a) Burial (b) Date thereof Nov-9th 1939

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY CEMETERY

18. (a) Signature of funeral director Edward Koch

(b) Address 3576 N 14th St

19. (a) NOV 8 1939 (b) J. F. Bredeck

(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OR PLACE OF DECEASE: 1

(a) State Mo. (b) County St. Louis.

(c) City or town St. Louis, Mo. 13

(If outside city or town limits, write "RURAL")

(d) Street No. 5800 Arsenal St.

(If rural, give location)

(e) If foreign born, how long in U. S. A. American. years _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 6, year 1939. hour 1:00 minutes a. M.

21. I hereby certify that I attended the deceased from October 12, 1939, to November 6, 1939, that I last saw him alive on November 6, 1939, and that death occurred on the date and hour stated above.

Immediate cause of death Degenerative Heart Disease

Due to arteriosclerosis

Due to (non-malignant)

Other conditions Brain Tumor

(Include pregnancy within 3 months of death)

Major findings: Frontal lobe

Of operations _____

Of autopsy 54

Duration _____

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 _____

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? _____

While at work? _____ (Specify type of place) (b) Means of injury _____

23. Signature Geo. S. Ozalima (M. D. or other) _____

Address City Infirmiry Date signed _____

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

Signed

Harry J. Sakumacher

Licensed Embalmer No.

2679

P. O. Address

737 Lemay

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.