DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

JAN 12 1940 791

Registration District No. ~~1008~~

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41378

Primary Registration District No.

Registrar's No. 10501

1. PLACE OF DEATH:

(a) County 1

(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 (Specify whether
In this community 33 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Louis

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

(d) Street No. 746 Heman NR
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 33 Years years.

3. (a) PRINT FULL NAME Lipman Zorensky 652

3. (b) If veteran, name war No

3. (c) Social Security No. 492-10-0251

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Bertha Zorensky

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

7. Birth date of deceased April (Month) 10 (Day) 1903 (Year)

8. AGE:

Years	Months	Days	If less than one day
36	7	27	hr. min.

9. Birthplace Mohilev (City, town, or county) U.S.S.R. (State or foreign country)

10. Usual occupation Salesman

11. Industry or business Retail Clothing

FATHER
12. Name Israel Zorensky
13. Birthplace Mohilev (City, town, or county) U.S.S.R. (State or foreign country)

MOTHER
14. Maiden name Dora Lapin
15. Birthplace Mohilev (City, town, or county) U.S.S.R. (State or foreign country)

16. (a) Informant's own signature Bertha Zorensky
(b) Address 746 Heman

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/8/1939 (Month) (Day) (Year)
(c) Place: burial or cremation Chesed Shel Emeth

18. (a) Signature of funeral director H.B.Berger
(b) Address 4715 McPherson

19. (a) DEC 8 1939 (Date received local registrar) (b) J.F. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 7
year 1939 hour 6 minute 45 A.M.

21. I hereby certify that I attended the deceased from Jan. 1937, to Dec. 7, 1939;
that I last saw him alive on Dec. 7, 1939
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Rheumatic Heart disease with mitral stenosis and auricular fibrillation and cardiac decompensation	20 yrs.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death): Chronic nephritis.	

Major findings:
Of operations
Of autopsy

131

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 Max S. Franklin (M. D. ~~or other~~)
Address 634 N. Grand Date signed 12/7/39

(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.

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.....

.....Herbert I. Berger....., Registered Apprentice No.....

working under my personal supervision. 4715 McPHERSON AVE.
ST. LOUIS, MO.

Signed.....

Licensed Embalmer No.....1597.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

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