

Registration District No. **115/91** Primary Registration District No. **1003**

17 1940

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 Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community (unk)
years, months or days)

3. (a) PRINT FULL NAME Israel Samuel Zorensky

3. (b) If veteran, name war 20 3. (c) Social Security No. no

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Dora Zorensky 6. (c) Age of husband or wife if alive (unk) years

7. Birth date of deceased Jan. 8, 1868
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
72 5 7 hr. min.

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

10. Usual occupation Retail Poultry 7

11. Industry or business _____

12. Name Mordecai Zorensky 7

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

14. Maiden name Nechama Baila

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

16. (a) Informant Hyman Zorensky

(b) Address 6039 Pershing

17. (a) burial (b) Date thereof 6/16/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chesed Shel Emeth

18. (a) Signature of funeral director H. B. Berger

(b) Address 4716 McPherson

19. (a) JUN 16 1940 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis UNIVERSITY CITY
(If outside city or town limit, write "RURAL")
(d) Street No. 6269 Cabanne NR
(If rural, give location)
(e) If foreign born, how long in U. S. A.? (unk) years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 15 year 1940 hour 3:25 minute PM M.

21. I hereby certify that I attended the deceased from June 8, 1940 to June 15, 1940
that I last saw him alive on June 15, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia 2 days
Uremic tract infection caused with
Due to by Prosthetic hypertrophy
Arteriosclerosis

Other conditions (Include pregnancy within 3 months of death) 137

Major findings: Of operations _____
Of autopsy _____

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 M. Norman Orzel (M. D. or other) M.D.
Address 4952 Maryland Date signed 6/15/40

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

MOTHER FATHER

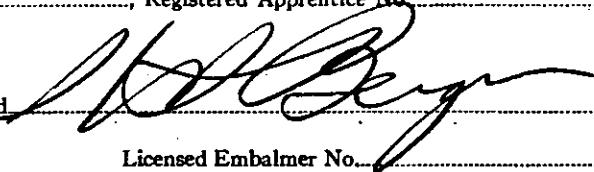
STATEMENT BY LICENSED EMBALMER

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



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

P. O. Address.....

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.