FILED SEP 25 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27199

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 7095

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

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 weeks (Specify whether years, months or days)

In this community 58 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 6

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

(d) Street No. 1479 Blackstone (If rural, give location)

(e) If foreign born, how long in U. S. A.? 58 yrs. years.

3. (a) PRINT FULL NAME Rebecca Zellinger 452

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 Widow

6. (b) Name of husband or wife Isaac Zellinger

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

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

8. AGE: About 69 Years Months -- Days -- If less than one day hr. min.

9. Birthplace (City, town, or county) Russia 7 (State or foreign country)

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name Zelig Sandler
13. Birthplace (City, town, or county) Russia 7 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) Russia 7 (State or foreign country)

16. (a) Informant Dr. Benj. Zellinger

(b) Address 6323 S. Rosebury

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-23-1940 (Month) (Day) (Year)

(c) Place: burial or cremation B' nai Amoona

18. (a) Signature of funeral director Herman Rudolph

(b) Address 5216 Delmar Blvd.

19. (a) AUG 22 1940 (Date received local registrar) (b) J. F. Boschek (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 22 year 1940 hour 5 minute A. M.

21. I hereby certify that I attended the deceased from Aug. 7, 1940 to Aug. 22, 1940 that I last saw her alive on Aug. 22, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral thrombosis	Aug. 7, '40
Due to: Hypertension	years
arteriosclerotic heart dis.	years
Due to: auricular fibrillation	years
Other conditions: Chronic nephritis (Include pregnancy within 3 months of death)	

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 Max S. Franklin (M. D. ~~or other~~)

Address 6347 N. Grand Date signed 8/22/40

(Licensed Embalmer's Statement on Reverse Side)

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 Chas. W. Cooper

Licensed Embalmer No. 3830

P. O. Address 5216 Delmar

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

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