

Registration District No. _____

Primary Registration District No. _____

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 1
(Specify whether years, months or days)

In this community Zevel Racine
years, months or days

3. (a) PRINT FULL NAME Zevel Racine
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

6. (b) Name of husband or wife Sophia Racine 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased not known
(Month) (Day) (Year)

8. AGE: Years about 65 Months _____ Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation Retired

11. Industry or business Shoe merchant

12. Name not known

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

14. Maiden name unknown

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

16. (a) Informant Ernest Racine

(b) Address 4001 Washington

17. (a) CREMATION (b) Date thereof 11-19-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation VALHALLA CREMATORY

18. (a) Signature of funeral director H. Rindskopf

(b) Address 5216 Delmar

19. (a) NOV 18 1940 (b) [Signature]
(Date received local registrar) (Signature of registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town St. Louis
(If outside city or town limit, write "RURAL")
 (d) Street No. 4001 Washington Blvd.
(If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 17
year 1940 hour 8 minute 55 a. M.

21. I hereby certify that I attended the deceased from Nov 1
1938 to Nov 17, 1940
that I last saw him alive on November 17, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death coronary occlusion
Duration 2 years

Due to _____
Due to _____

Other conditions [Signature]
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
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?

While at work? _____ (Specify type of place)
(e) Means of injury 1

23. Signature Joseph Majidom (M. D. or other) md.
Address 506 Westgate Date signed Nov 17, 1940

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

FILED DEC 11 1940

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 C. 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 comply with the above constitutes grounds for revocation of license.)

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