

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 52

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:
3144 Allen Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community Life Time years, months or days)

3. (a) PRINT FULL NAME Ida M. Zukoski

3. (b) If veteran, name war _____ 3. (c) Social Security No. none

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Edmund L. Zukoski 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Feb. 10 1865
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
75 10 23 hr. _____ min.

9. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Bailey
13. Birthplace Unknown 9 (City, town, or county) (State or foreign country)
14. Maiden name Henrietta Nagel
15. Birthplace St. Louis, Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Nattie N. Wearn
(b) Address 2602 Tenn. Ave.

17. (a) burial (b) Date thereof 1/6/41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Bellefontaine Cem.

18. (a) Signature of funeral director Wagoner Und. Co.
(b) Address #621 Olive, St. Louis, Mo.

19. (a) JAN 4 1941 (b) J. F. Bredeck
(Date received local health officer) (Registrar's signature) 7414

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 177
(If outside city or town limits, write "RURAL")
(d) Street No. 3144 Allen Ave. 9
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 5
year 19-41 hour 7:20 minute A. M.

21. I hereby certify that I attended the deceased from 8-8-39
_____ 19____ to 1-3 1941
that I last saw h EX alive on 1-2-41 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Chr. Endocarditis
Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy _____

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 _____ (Specify type of place)
(e) Means of injury 0

23. Signature W. E. Edy (M. D. or other) _____
Address 607 N. Shaw Date signed 1-3-41

Duration ?
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

0
7
9

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.....

Robert T. Sangster

Registered Apprentice No. 159

working under my personal supervision.

Signed

Neville D. Prohvitel

Licensed Embalmer No. 3696

P. O. Address St. Louis, Mo.

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.