

74
No. 2
-1-4-41
5-17-39
I X28390

FILED JAN 24 1942

Registration District No. **791**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County _____
(b) City or town **St. Louis, Missouri**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
0 St. Louis City Hospital #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **17 Days**
(Specify whether
In this community **24 Yrs.**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County _____
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **1703 N. 10th. St.**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December** day **3**
year **1941** hour **12:45** minute _____ P. M.
21. I hereby certify that I attended the deceased from **November**
19, 19 **41** to **December 3**, 19 **41**:
that I last saw h. **im** alive on **December 3**, 19 **41**:
and that death occurred on the date and hour stated above.

Immediate cause of death
**Arteriosclerosis thrombotic
left middle cerebral art. 15 days
Due to chr. myocarditis
Gen arteriosclerosis**

Duration

Other conditions
(Include pregnancy within 3 months of death)
P. 3

Major findings:
Of operations _____
Of autopsy **Same as above**

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

3. (a) PRINT FULL NAME **Fred Zolluck (Zebuck)**
3. (b) If veteran, name war **None**
3. (c) Social Security No. **497-10-3938**

4. Sex **Male** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Single**
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: **June 11 1883**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
58 5 22 hr. min.

9. Birthplace **Russia 6**
(City, town, or county) (State or foreign country)

10. Usual occupation **General Laborer**

11. Industry or business _____

12. Name **Unknown**

13. Birthplace **Russia 6**
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

15. Birthplace **Russia 6**
(City, town, or county) (State or foreign country)

16. (a) Informant **Morris Stovis, thir**
(b) Address **3247 Robin st.**

17. (a) **Burial** (b) Date thereof **Dec. 6, 41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cemetery**

18. (a) Signature of funeral director **Brockland and Co**
(b) Address **1827 FOGAN STR**

19. (a) **DEC 5 1941** (b) **F. P. Zebuck**
(Date received local registrar) (Registrar's signature)

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) _____
(e) Means of injury _____
23. Signature **L. J. Mullen** (M. D. or other)
Address **1515 Lafayette Avenue** Date signed **12/3/41**

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

260
17
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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed *Welford Y. Burnley*
Licensed Embalmer No. *4202*

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, fact should be so stated above.