

S. No. 2
4-13-40
5-17-39
PI X23159

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED APR 22 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

10418

State File No. _____

Registration District No. 167

Primary Registration District No. 3008

Registrar's No. 79

014
1
2
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Callaway
(b) City or town Fulton Mo
(c) Name of hospital or institution: State Hospital No 1
(d) Length of stay: In hospital or institution 6-12-41 to 3-14-1942
In this community June 12-1941 years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Callaway
(c) City or town St Louis Mo
(d) Street No. 5725 Lotus st
(e) If foreign born, how long in U. S. A.? Several years

3. (a) PRINT FULL NAME Esther Ziglin
3. (b) If veteran, name war _____
3. (c) Social Security No. None

20. DATE OF DEATH: Month March day 14 year 1942 hour 10 minute 30 A. M.

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

21. I hereby certify that I attended the deceased from March 1 - March 13, 1942,
that I last saw her alive on March 14, 1942
and that death occurred on the date and hour stated above.

7. Birth date of deceased: Don't know
8. AGE: Years 62 Months - Days - If less than one day hr. _____ min. _____

Immediate cause of death: Pneumonia
Due to _____
Due to _____

9. Birthplace: Russia
10. Usual occupation: Housewife

Other conditions: 107
Major findings: _____
Of operations: _____
Of autopsy: _____

MOTHER { 12. Name Martin Lelofsky
13. Birthplace Russia
14. Maiden name Don't know
15. Birthplace Russia

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) None
(b) Date of occurrence _____
(c) Where did injury occur? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

16. (a) Informant Joi Ziglin
(b) Address 1398 R Monticello St Louis Mo
17. (a) Burial (b) Date thereof 3-15-42
(c) Place: burial or cremation St Louis
18. (a) Signature of funeral director J. J. Berger
(b) Address St Louis Mo
19. (a) 3-14-42 (b) Josie Morsanckhoff

23. Signature Geo W Rogers (M. D. or other) _____
Address State Hospital No 1 Date signed 3-14-42

10920 7th
in residence

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..... *W. J. Buzza* 15 79

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, fact should be so stated above.