

FILED NOV 4 1942

Registration District No. 109

Primary Registration District No. 109

Registrar's No. 2775

1. PLACE OF DEATH: St. Louis

(a) County: Maplewood

(b) City or town: Maplewood
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 7408 Zepher
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: _____ (Specify whether)

In this community: _____ (Specify whether)

years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: St. Louis

(c) City or town: Maplewood
(If outside city or town limits, write "RURAL")

(d) Street No.: 7408 Zepher
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country: _____

3. (a) PRINT FULL NAME: Anna Zerman

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, or widowed: 2 divorced

6. (b) Name of husband or wife: Samuel Zerman 6. (c) Age of husband or wife if alive: not known years

7. Birth date of deceased: _____ (Month) (Day) (Year)

8. AGE: about 77 Years Months Days If less than one day

hr. min.

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

10. Usual occupation: _____

11. Industry or business: _____

MOTHER FATHER { 12. Name: not known

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

14. Maiden name: not known

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

16. (a) Informant: L. Zerman

(b) Address: 7408 Zepher

17. (a) Burial (b) Date thereof: 11-2-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Chesed Shel Emduth

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

(b) NOV 2-1942 5216 Delmar

19. (a) NOV 2-1942 (b) E. J. Mc Larney
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Nov day: 1 1942
year: _____ hour: 10.00 minute: A. M.

21. I hereby certify that I attended the deceased from JAN. 4, 1942, to Nov. 1, 1942, that I last saw her alive on Nov. 1, 1942; and that death occurred on the date and hour stated above.

Immediate cause of death: Myocarditis

Due to: _____

Due to: 9321

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 work? _____ (Specify type of place)

(e) Means of injury: _____

23. Signature: Chas. Wolff (M. D. or other) M.D.

Address: 7403 Manchester Date signed: Nov. 2 42

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

96
305

7-17-71 SADM

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, fact should be so stated above.

7-17-71 SADM