

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13017**
Registrar's No. **3220**

Hospital or District No. **1949 318**

Primary Registration District No. **1000**

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

1. PLACE OF DEATH:

(a) County **St. Louis MO.**

(b) City or town **St. Louis MO.**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **JEWSISH HOSPITAL**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **12 days**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri**

(b) County **963**

(c) City or town **University City**
(If outside city or town limits, write "RURAL")

(d) Street No. **741 Interdrive**
(If rural, give location)

(e) Citizen of foreign country? **/** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **ZEMELMAN, MR. SIMON**

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **7**
year **1943** hour _____ minute _____ M.

4. Sex **male**

5. Color or race **white**

6. (a) Single, widowed, married, divorced **married**

6. (b) Name of husband or wife **Bess Zemelman**

6. (c) Age of husband or wife if alive **55** years

7. Birth date of deceased **June 10 1877**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **March 1923** to **4/4**, 19**43**, that I last saw him alive on **4/4**, 19**43**, and that death occurred on the date and hour stated above.

8. AGE: Years **65** Months **9** Days **24** If less than one day _____ hr. _____ min.

Immediate cause of death **Coronary Occlusion**

Duration **12 days**

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

Due to _____

Due to **PH**

Other conditions (Include pregnancy within 3 months of death) _____

10. Usual occupation **Confections**

Major findings: _____

Of operations _____

11. Industry or business _____

12. Name **not known**

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

14. Maiden name **unknown**

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

PHYSICIAN

Underline the cause to which death should be charged statistically.

(1) Coronary infarct
(2) Coronary thrombosis

16. (a) Informant **Mrs. H. Bobrorf**

(b) Address **8042 Delmar**

17. (a) **Burial** (Burial, cremation, or removal)

(b) Date thereof **4-6-43**
(Month) (Day) (Year)

(c) Place: burial or cremation **Chesed Shel Emeth**

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? _____

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

(b) Address **5216 Delmar**

19. (a) **APR 5 1943** (Date received local registrar)

J. F. Brudeck (Registrar's signature)

23. Signature **Dr. E. Seigraff** (M. D. or other)

Address **623 Union Beach**

Date signed **4/5/43**

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..... *William J. Lyons*

Licensed Embalmer No. *4319*

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, fact should be so stated above.