

Registration District No. 318

Primary Registration District No. 1003

1. PLACE OF DEATH:

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

3. (a) PRINT FULL NAME JACK NATHAN ZIPP

8. (b) If veteran, name war None 8. (c) Social Security No. _____

4. Sex male 5. Color or race white
 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Henrietta Zipp alive _____ years
 6. (c) Age of husband or wife if _____ years
 7. Birth date of deceased July 25 1900
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
42 11 4 hr. _____ min.

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

10. Usual occupation Salesman

MOTHER FATHER

11. Industry or business _____
 12. Name Nathan Zipp
 13. Birthplace Rumania
 (City, town, or county) (State or foreign country)
 14. Maiden name Adelle Hermer
 15. Birthplace Rumania
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Henrietta Zipp
 (b) Address 5019 Raymond Ave

17. (a) Cremation (b) Date thereof 6-14-43
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Walhalla Crematory

18. (a) Signature of funeral director Speeghausey Martwick
 (b) Address 4228 So. Virginia

19. (a) JUN 12 1943 (b) J. J. Bredek
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 12
 (c) City or town St. Louis 000
 (If outside city or town limits, write "RURAL")
 (d) Street No. 5019 Raymond Ave
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 11
 year 43 hour 1 minute 30 P.M.

21. I hereby certify that I attended the deceased from 5-29-43
 _____, 19____, to 6-11-43, 19____;
 that I last saw him alive on 6-11-43, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma - lung

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

Major findings: _____
 Of operations none
 Of autopsy Carcinoma lung

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 E. F. Lassin (M. D. or other) _____
 Address Frinds Blag Date signed 6-12-43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1 X1951

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..... *Richard W. Stoussand*

Licensed Embalmer No. *4007*

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, above space should be left blank.