

FILED OCT 13 1944

State File No. \_\_\_\_\_

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

Registrar's No. 8546

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:  
City Infirmary  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 yr, 4 mo, 25 days  
(Specify whether  
In this community \_\_\_\_\_ Unknown  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5800 Arsenal  
(If rural, give location) 13  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country American

3. (a) PRINT FULL NAME Max Zillman

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

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 April 4 1891  
(Month) (Day) (Year)

8. AGE: Years 53 Months 5 Days 2 If less than one day  
hr. \_\_\_\_\_ min \_\_\_\_\_

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

10. Usual occupation Unknown

11. Industry or business X

12. Name Unknown

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

14. Maiden name X

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

16. (a) Informant Louise Green

(b) Address 5800 Arsenal

17. (a) Cremation (b) Date thereof 10-7-1944  
(Month) (Day) (Year)

(c) Place: burial or cremation Missouri Crematory

18. (a) Signature of funeral director Ziegenhein Brothers

(b) Address 6409 Gravois Ave

19. (a) OCT 7 (b) 1944 (Date received local registrar) (Registrar's signature) J. F. Bradeen

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 6  
year 1944 hour 5:25 minute \_\_\_\_\_ a.m.

21. I hereby certify that I attended the deceased from 5-11-43  
10-6-44, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him alive on 10-6-44, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Malnutrition Duration \_\_\_\_\_

Due to Dementia praecox

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy none

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 Max Well (M. D. or other) \_\_\_\_\_

Address 5800 Arsenal Date signed 10-6-44

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

64K

**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.

*Not Embalmed*

Signed.....

*Armen W. Fritz*

Licensed Embalmer No.....

*3882*

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.**