

**FILED** MAY 26 1945 **318**

Registration District No. ....

Primary Registration District No. ....

**1003**

Registrar's No. ....

**4287**

**1. PLACE OF DEATH:**

(a) County.....  
 (b) City or town..... **St. Louis**  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
**Jewish 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)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State..... **Missouri** (b) County.....  
 (c) City or town..... **Clayton**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. .... **6525 San Bonita**  
(If rural, give location)  
 (e) Citizen of foreign country?..... (Yes or No)  
 If yes, name country.....

3. (a) PRINT FULL NAME **Alex Zellinger**

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 **Married**  
 6. (b) Name of husband or wife **Mamie Zellinger** 6. (c) Age of husband or wife if alive **57** years  
 7. Birth date of deceased..... **Unknown**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
About <b>65</b>	<b>—</b>	<b>—</b>	<b>—</b>	hr. min.

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

10. Usual occupation..... **Wholesale Merchant**

11. Industry or business..... **Shoes**

12. Name..... **Unknown**

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

14. Maiden name..... **Unknown**

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

16. (a) Informant..... **Mamie Zellinger**

(b) Address..... **6525 San Bonita**

17. (a) **Burial** (b) Date thereof **5-13-45**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... **B'nai Amoona Cemetery**

18. (a) Signature of funeral director..... **J. F. Budeck**

(b) Address..... **5216 Delmar Blvd.**

19. (a) **MAY 15 1945** (b) Registrar's signature..... **J. F. Budeck**  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **May** day **11**  
 year **1945** hour **7 a.m.** minute..... M.  
 21. I hereby certify that I attended the deceased from **1/18/45**  
**5/11/45** 19..... to **May 11** 19.....  
 that I last saw h. **1m** alive on **5/10/45** 19.....  
 and that death occurred on the date and hour stated above.  
 Immediate cause of death. **Coronary occlusion** **Immediate**

Due to..... **Generalized arteriosclerosis 5 ys**

Due to.....

Other conditions..... **9/4**  
(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?  
(Specify type of place) (e) Means of injury.....

23. Signature..... **State J. Budeck** (M. D. or other).....

Address..... **482 N. Taylor Ave** (Date signed) **5/12/45**

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

**NR**

**Immediate**

**PHYSICIAN**  
 Underline the cause to which death should be charged statistically.

AUG 23 1945

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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 *H. Burgess*

Licensed Embalmer No. 4029

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.