

FILED OCT 1 1948

Registration District No. 217

Primary Registration District No. 2070

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Webster Groves
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
640 Lanvale
(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 St. Louis 9/6
(c) City or town Webster Groves 7
(If outside city or town limits, write "RURAL")
(d) Street No. 640 Lanvale 4
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Rose Zine

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 Widowed

6. (b) Name of husband or wife Charles Zine 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: Unknown about 70
(Month) (Day) (Year)

8. AGE: Years About 70 Months _____ Days _____ If less than one day _____ hr. _____ min.

9. Birthplace: Mehla Syria
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business _____

MOTHER FATHER

12. Name Edward Zine

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

14. Maiden name Unknown

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

16. (a) Informant Jamuel Zine

(b) Address 640 Lanvale, Webster Groves, Mo.

17. (a) Removal (b) Date thereof 9-27-1946
(Burial, cremation, or removal) (Month) (Day) (Year)
Indianapolis, Ind.

(c) Place: burial or cremation _____

18. (a) Signature of funeral director Mittelberg Funeral Home

(b) Address 23 W. Lockwood Webster Groves, Mo.

19. (a) 9-20-46 (b) Ruth Allen
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 17
year 1946 hour 8 minute 45 PM

21. I hereby certify that I attended the deceased from 7/27 1946 to 9/14 1946
that I last saw h. ca. alive on 9/14 1946
and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Thrombosis
Obstruction

Duration

2 days

Due to _____

Due to 1946

Other conditions: Cholelithiasis 3 weeks
(Include pregnancy within 3 months of death) epine

Major findings: Of operations Gallstones

Of autopsy _____

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 Ruth Allen (M. D. or other)

Address Webster Groves, Mo. Date signed 9/18/46

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

6
7
4

301

OCT 30 1945

OCT 25 1945

OCT 25 1946

OCT 11 1946

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 James M. Sizemore
Licensed Embalmer No. 4343
P. O. Address 2415 E. Highway, Okla. Maplewood, 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.