V. S. No. 2
00M—5-43
Rev. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 14 1947

Registration District No. 317

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2002

State File No. 7293

Registrar's No. 476480

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

96
3
5

1. PLACE OF DEATH:

(a) County St Louis

(b) City or town University City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 7341 Amherst
(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 96

(c) City or town University City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 7341 Amherst 5
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No) 0

If yes, name country .....

3. (a) PRINT FULL NAME Benjamin F. Zellinger

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex Male O

5. Color or race White

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

6. (b) Name of husband or wife Betty Zellinger

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

7. Birth date of deceased Dec. 31 (Month) (Day) 1902 (Year)

8. AGE:

Years	Months	Days	If less than one day
44	2	5	..... hr. ..... min.

9. Birthplace ..... (City, town, or county) Russia 6 (State or foreign country)

10. Usual occupation Dentist

11. Industry or business .....

FATHER
12. Name Isaac Zellinger 1
13. Birthplace ..... (City, town, or county) Russia 6 (State or foreign country)

MOTHER
14. Maiden name Rebecca Zellinger 1
15. Birthplace ..... (City, town, or county) Russia 6 (State or foreign country)

16. (a) Informant Betty Zellinger

(b) Address 7341 Amherst

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-7-1947 (Month) (Day) (Year)

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

18. (a) Signature of funeral director H. Rendskopf, Inc.

(b) Address 5216 Delmar Blvd.

19. (a) 3-7-47 (Date received local registrar) (b) Ruth J. Allen MD (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month March day 5
year 1947 hour 1:15 minute P. M.

21. I hereby certify that I attended the deceased from Sept. ....., 1946, to March 5, 1947
that I last saw him alive on 3-5 (11 Am), 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to 94a

Due to .....

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

Major findings:
Of operations .....

Of autopsy .....

Duration

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? ..... (Specify type of place)

While at work? ..... (e) Means of injury 0

23. Signature Elmer Rubinson MD (M. D. or other)

Address Mo Theatre Bldg Date signed 2-5-47

(Licensed Embalmer's Statement on Reverse Side)

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.....

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.