

Registration District No. **318** Primary Registration District No. **1003**

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:
6004 Louisiana
(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:
Missouri
(a) State..... (b) County.....
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **6004 Louisiana**
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **Herman Zuroweste**
3. (b) If veteran, name war **None**
3. (c) Social Security No.....

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **April** day **2nd**
year **1947** hour **5** minute **30** a.m.

4. Sex **Maled** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife.....
6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased **December 29, 1870**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....;
that I last saw h..... alive on....., 19.....;
and that death occurred on the date and hour stated above.
Immediate cause of death.....

8. AGE: Years **76** Months **3** Days **3**
If less than one day..... hr. min.

Duration
Coronary Occlusion
arteriosclerosis
Due to.....
Due to.....
Other conditions (Include pregnancy within 3 months of death) **94**

9. Birthplace **St. Louis, Missouri**
(City, town, or county) (State or foreign country)
10. Usual occupation **Moulder**
11. Industry or business **Am. Car Foundry Co.**
12. Name **Rudolph Zuroweste**
13. Birthplace **St. Louis, Mo.**
(City, town, or county) (State or foreign country)
14. Maiden name **Unknown**
15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

PHYSICIAN
Major findings:
Of operations.....
Of autopsy.....
Underline the cause to which death should be charged statistically.

MOTHER FATHER
16. (a) Informant **Mrs. Frank Bozdeck**
(b) Address **6002 Louisiana**
17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **4-5-47**
(Month) (Day) (Year)
(c) Place: burial or cremation **St. Trinity Luthern Southern Funeral Home**
18. (a) Signature of funeral director **APR 2 1947**
(b) Address **S. Grand Blvd.**
19. (a) **APR 2 1947** (b) **J. F. Bredeck** (Registrar's signature)

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 **3**
23. **Patrick E. Taylor, M.D.** (Physician)
Address **1300 Clark** Date signed **4-12-47**

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

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.....

J. Wm. Bentley

Licensed Embalmer No..... *3653*

P. O. Address..... *St Louis 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.