S. No. 2
0M—2-43
v. 5-17-39
F-I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 36448

FILED OCT 24 1947 318

Registration District No. 1003

Primary Registration District No.

Registrar's No. 9477

0
17
9

1. PLACE OF DEATH:

(a) County: St. Louis

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

(c) Name of hospital or institution: Bethesda General O

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 4 mo (Specify whether years, months or days)

In this community: 60 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County: Crawford 28

(c) City or town: Steelville 2 (If outside city or town limits, write "RURAL")

(d) Street No. R.R. 0 (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME: Elizabeth Zahorsky

3. (b) If veteran, name war:

3. (c) Social Security No.:

4. Sex: F

5. Color or race: W

6. (a) Single, widowed, married, divorced: M

6. (b) Name of husband or wife: John Zahorsky

6. (c) Age of husband or wife if alive: 76 years

7. Birth date of deceased: 7 (Month) 22 (Day) 1876 (Year)

8. AGE: Years 71 Months 2 Days 22 If less than one day hr. min.

9. Birthplace: Columbus Ind. (City, town, or county) (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business:

FATHER 12. Name: William Silverwood

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

MOTHER 14. Maiden name: Carrie Colleen

15. Birthplace: Detroit Michigan (City, town, or county) (State or foreign country)

16. (a) Informant: Dr. John Zahorsky

(b) Address: Steeleville, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof: 10-16-1947 (Month) (Day) (Year)

(c) Place: burial or cremation: Steeleville, Mo.

18. (a) Signature of funeral director: Alexander Bono

(b) Address: 6175 Delmar

19. (a) OCT 14 1947 (Date received by registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 14th year 1947 hour 6 minute 40 a M.

21. I hereby certify that I attended the deceased from 3 August 47, 1947, to 14 Oct, 1947, that I last saw her alive on 13 August, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Metastases from Carcinoma	
Extreme Cachexia	
Due to: Carcinoma of the ovary Primary site	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations:
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? (Specify type of place)

While at work? (e) Means of injury:

Signature: Joseph F. Nelson M.D. (M. D. or other)

Address: 3649 Utah Avenue Date signed 14 Oct 47

(Licensed Embalmer's Statement on Reverse Side)

NOV 4 1953

NOV 10 1953

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 Jos. E. McCulloh

Licensed Embalmer No. 2960

P. O. Address 6170 Delmar

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.