

S. No. 2
1-12-45
5-17-39
X47070

FILED NOV 3 1947 318

Registration District No. Primary Registration District No. Registrar's No.

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis Mo.
(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 3 months
(Specify whether years, months or days)

In this community _____
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

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

(d) Street No. 703 Westwood Dr.
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Lillian Zivi

3. (b) If veteran, name war _____ 3. (c) Social Security No. 492-07-0728

4. Sex female 5. Color or race white

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

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

7. Birth date of deceased _____
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 19 year 1947 hour 7 minute 22P M.

21. I hereby certify that I attended the deceased from Jan 1947 to Oct 19 1947
that I last saw her alive on Oct 19 1947 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

abt 53 _____ hr. _____ min.

Immediate cause of death Metastatic carcinoma Duration Mo.

Due to carcinoma of breast yes

Due to _____

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

9. Birthplace Cincinnati Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation office manager

11. Industry or business shoe m'f'g.

12. Name Isaac Zivi

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

14. Maiden name Ida Guckenheim

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

Major findings: _____

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant _____
(b) Address 703 Westwood Dr.

17. (a) Burial (b) Date thereof 10/22/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cincinnati Ohio

18. (a) Signature of funeral director _____
(b) Address 4356 Lindell Blvd

19. (a) _____ (b) J. F. Bredehoeke
(Date received local registrar) (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) (c) Means of injury _____

23. Signature Jamney Chuan (M. D. or other) Mo.
Address 608 H Grand Date signed 10/29/47

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

MOTHER FATHER

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. Allen Davis
.....
Licensed Embalmer No. *7053*

P. O. Address *St. Louis*

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.