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7-39
X47070

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

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

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

3. (a) PRINT FULL NAME **ZUCKERMAN, ISRAEL**
3. (b) If veteran, name war.....
3. (c) Social Security No.

4. Sex **MALE** 5. Color or race **W**
6. (a) Single, widowed, married, divorced.....
6. (b) Name of husband or wife.....
6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased **DEC. 14 1947**
(Month) (Day) (Year)

8. AGE: Years Months Day If less than one day
1 27 hr. min.

9. Birthplace: **ST. LOUIS** **MO.**
(City, town, or county) (State or foreign country)

10. Usual occupation.....

11. Industry or business.....

MOTHER FATHER
{ 12. Name **DAVID ZUCKERMAN**
{ 13. Birthplace **RUSSIA**
{ 14. Maiden name **PANNIE SCHUMAN**
{ 15. Birthplace **RUSSIA**
(City, town, or county) (State or foreign country)

16. (a) Informant **DAVID ZUCKERMAN**
(b) Address **1334 Montclair Ave**

17. (a) **burial** (b) Date thereof: **FEB. 5 - 1948**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Chapel Shel Emah**

18. (a) Signature of funeral director **O. Venard**

(b) Address **5010 Emerald Ave**

19. (a) **FEB 5 - 1948** (b) **J. F. Brodeck**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **MO** (b) County **0-0-0**
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **1334 Montclair Ave**
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **2** day **5**
year **48** hour **4** minute **4** A.M.
21. I hereby certify that I attended the deceased from **Jan 26**
1948 to **Feb 5**, 1948;
that I last saw him alive on **Feb 5**, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death **Aspiration Pneumonia** Duration
Diabetes, severe, infections, cu
Status Miedia, lited, supp
Gastrointestinal hemorrhage
Due to.....
Due to **1/19**
Other conditions (Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: **Bilat autotomy (antrotomy)**
Of operations **Discoloration of both sides** Underline the cause to which death should be charged statistically.
Of autopsy **not done**

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.....

23. Signature **Wesley M. Harkin** (M. D. or other)
Address **216 S. Kingshighway** Date signed **2/5/48**

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.

not Embalmed

Signed *W. J. Geniaro*.....

Licensed Embalmer No. *3669*.....

P. O. Address *5010 Ewight*.....

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.