

FILED SEP 14 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

28706

State File No. 7780

BIRTH NO. _____		REG. DIST. NO. <u>310</u>		PRIMARY REG. DIST. NO. <u>1003</u>		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission.) a. STATE <u>MO</u>				b. COUNTY <u>061</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>St. Louis Mo</u> )		c. LENGTH OF STAY (in this place) <u>14 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>		17			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Jewish Hospital</u>				STREET ADDRESS (If rural, give location) <u>5041 Ridge</u>				9 0	
3. NAME OF DECEASED (Type or Print) <u>JOSIE</u>			b. (Middle) _____		c. (Last) <u>ZERRULL</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>9 6 49</u>		
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>W</u>		8. DATE OF BIRTH <u>11-19-1872</u>		9. AGE (In years last birthday) <u>76</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Trenton Ill.</u>		12. CITIZEN OF WHAT COUNTRY? _____			
13a. FATHER'S NAME <u>Ferdinand David</u>			13b. MOTHER'S MAIDEN NAME <u>Elizabeth David</u>			14. NAME OF HUSBAND OR WIFE <u>Adolph Zerrull</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Ms. Emma Evans</u>				ADDRESS <u>5041 Ridge</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute pulmonary edema</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cardiac Insufficiency</u> DUE TO (c) <u>Arteriosclerotic Heart Disease</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Revascularized arteriosclerosis</u> <u>Coronary Arteriosclerosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 hr</u> <u>several weeks</u> <u>several years</u> <u>20 yrs</u> <u>sev. yrs.</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____		(COUNTY) _____		(STATE) <u>MO</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>14200</u>					
22. I hereby certify that I attended the deceased from <u>4/17</u> , 19 <u>47</u> , to <u>9/6</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>9/6</u> , 19 <u>49</u> , and that death occurred at <u>10:30 pm.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Joyce B. Tinsley</u> (Degree or title) _____				23b. ADDRESS <u>462 N. Taylor Ave</u>		23c. DATE SIGNED <u>9/7/49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9-9-1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Matthew Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis - Mo</u>			
DATE REC'D BY LOCAL REG. <u>SEP 8 1949</u>		REGISTRAR'S SIGNATURE <u>J. B. Bassett</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Truth Center Mortuary - 4024 Lindell</u>				ADDRESS _____	

(Licensed Embalmer's Statement on Reverse Side)

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

B. Erd

**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.....

..... Student Embalmer No. ....

working under my personal supervision.

Signed Ronald Yabuki

Signed.....

Student Embalmer

Licensed Embalmer No. 3957

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.