

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6900

State File No.

1152

No. 300

FILED MAR 4 1952

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN ST. LOUIS)		c. CITY (If outside corporate limits, write RURAL and give OR TOWN Clayton)	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) 480 Edgewood	
d. FULL NAME OF HOSPITAL OR INSTITUTION JEWISH HOSPITAL			

3. NAME OF DECEASED (Type or Print) a. (First) RHODA		b. (Middle) C		c. (Last) ZOLLMAN.		4. DATE OF DEATH (Month) (Day) (Year) Feb. 5, 1952	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Feb. 24-1893	
9. AGE (In years last birthday) 58		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 YEAR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) De Soto - Mo		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Ernest Soxwell		13b. MOTHER'S MAIDEN NAME Effie F. POOLE		14. NAME OF HUSBAND OR WIFE Wilford Zollman.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Wilford Zollman - Clayton Mo	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute pericarditis - acute pleurisy		DUCE TO (b) Rheumatoid arthritis		24 hrs.	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUCE TO (c) Bi-lat. paralysis of vocal cords		30 yrs.	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION 2-4-52		19b. MAJOR FINDINGS OF OPERATION Tracheotomy for sp		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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 7220.	

22. I hereby certify that I attended the deceased from **2-6**, 19**39**, to **2-5-**, 19**52**, that I last saw the deceased alive on **2-4**, 19**52**, and that death occurred at **5:55A** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Norman J. Rosenfeld, M.D.		23b. ADDRESS 618 Wall Bldg		23c. DATE SIGNED 2-5-52	
24a. BURIAL CREMATION, REMOVAL (Specify) Removal		24b. DATE 2-6-52		24c. NAME OF CEMETERY OR CREMATORY City Cem.	
24d. LOCATION (City, town, or county) (State) De Soto - Mo.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C.R. Lupton & Sons; 7233 Delmar Blvd			

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE **FEB 5 1952** **J. Carl Smith MO**

(Licensed Embalmer's Statement on Reverse Side)

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

VS
MAY 26 1930

MAY 5 1930

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed *Arnold W. Schoene*

Signed.....
Student Embalmer

Licensed Embalmer No. *3864*

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.