S. No. 300
v. 10.48

FILED APR 16 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14958

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 2249

1. PLACE OF DEATH
a. COUNTY: 0
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Jewish Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St. Louis 4462
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): 46 Clayton 1
d. STREET ADDRESS (If rural, give location): 6333 N. Rosebury Ave.

3. NAME OF DECEASED (Type or Print)
a. (First): LOUIS
b. (Middle): A.
c. (Last): ZERMAN

4. DATE OF DEATH (Month) (Day) (Year): Mar. 9, 1952

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 1
8. DATE OF BIRTH: Feb. 22, 1884
9. AGE (In years last birthday): 68 — IF UNDER 1 YEAR: Months — Days 16 — IF UNDER 24 HRS.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Merchant
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): St. Louis, Missouri 0
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Samuel Zerman
13b. MOTHER'S MAIDEN NAME: Anna
14. NAME OF HUSBAND OR WIFE: Salome S. Zerman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: 494-07-2762
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Henry A. Steiner-6333 N. Rosebury

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): Carcinoma of sigmoid — INTERVAL BETWEEN ONSET AND DEATH: 4-5 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: Generalized metastases
20. AUTOPSY? YES [X] NO [ ]

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) m.:
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?: 153X

22. *I hereby certify that I attended the deceased from* Dec. *19*51*, to* Mar. 9th *19*52*, that I last saw the deceased alive on* Mar. 9 *19*52*, and that death occurred at* 4:50 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): P. D. Stahl M.D.O
23b. ADDRESS: 462 N. Taylor Ave
23c. DATE SIGNED: 3/11/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 4
24b. DATE: 3/11/52
24c. NAME OF CEMETERY OR CREMATORY: Mt. Sinai Cemetery
24d. LOCATION (City, town, or county) (State): St. Louis County, Mo.

DATE REC'D BY LOCAL REG.: MAR 10 1952
REGISTRAR'S SIGNATURE: J Carl Smith MD
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Herman Rendskopf Inc-5216 Delmar

(Licensed Embalmer's Statement on Reverse Side)

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

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 Peter B. Dubroueillet

Signed .....
Student Embalmer

Licensed Embalmer No. 3691

P. O. Address Richmond, Heights, M

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.