

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

30224

State File No.

7302

No. 300
10.48

FILED AUG 23 1952

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 7302			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY 4010					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. Louis		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN BAOEN		d. STREET ADDRESS (If rural, give location) 9239 Bellefontaine Rd			
d. FULL NAME OF HOSPITAL OR INSTITUTION JEWISH HOSPITAL				4. DATE OF DEATH (Month) (Day) (Year) JULY-27-52					
3. NAME OF DECEASED (Type or Print) a. (First) Todor		b. (Middle) ZELENOVICH		c. (Last) _____		5. SEX M			
6. COLOR OR RACE W.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M.		8. DATE OF BIRTH MARCH-1889		9. AGE (In years of weeks 1 year if under 1 year) last birthday Months Days Hours Min. 63 yrs			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Tavern Owner		11. BIRTHPLACE (City and State or Foreign Country) Jugo Slavia		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME unknown ZELENOVICH		13b. MOTHER'S MAIDEN NAME unknown		14. NAME OF HUSBAND OR WIFE VUKOSAVA Zelenovich					
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. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Vukosava Zelenovich 9239 Bellefontaine					
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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension, Arterial DUE TO (c) Arteriosclerotic Heart Disease					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary Edema									
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input 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? 4200					
22. I hereby certify that I attended the deceased from Jan 1951 , to July 27, 1954 , that I last saw the deceased alive on July 27, 1954 , and that death occurred at 11:45 p.m. , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Harold Freedman MD				23b. ADDRESS 634 No. Grand Blvd.		23c. DATE SIGNED _____			
24a. BURIAL, CREMATION, OR REMOVAL (Specify) REMOVED		24b. DATE JULY-30-52		24c. NAME OF CEMETERY OR CREMATORY MT. Hope Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis Mo			
DATE REC'D BY LOCAL REG. JUL 30 1952		REGISTRAR'S SIGNATURE J. Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS E. J. Schuur 3125 Lafayette					

E. J. Schuur (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.

Student
Student Embalmer

Signed _____

Joseph B. Dollen

Licensed Embalmer No. 4014

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.