

FILED MAR 31 1955

STANDARD CERTIFICATE OF DEATH

State File No. 2163

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 2163

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>	c. LENGTH OF STAY (in this place) <u>32 yrs</u>	c. CITY OR TOWN <u>St. Louis</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>5930 Hamilton Terr.</u>		e. STREET ADDRESS (If rural, give location) <u>5930 Hamilton Terr.</u> <u>2069</u>	

3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH	
a. (First) <u>ETHEL</u>	b. (Middle)	c. (Last) <u>ZALMANOFF</u>	(Month) (Day) (Year) <u>Mar. 7, 1955</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Mar r.</u>	8. DATE OF BIRTH <u>Ab. 1889</u>
9. AGE (In years last birthday) <u>66</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>USSR</u>
11. BIRTHPLACE		12. CITIZEN OF WHAT COUNTRY? <u>USSR</u>	

13a. FATHER'S NAME <u>----- Krinsky</u>	13b. MOTHER'S MAIDEN NAME <u>-----</u>	14. NAME OF HUSBAND OR WIFE <u>Joseph</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Joseph Zalmanoff</u>
		ADDRESS <u>5930 Hamilton Terr.</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u>		DUE TO (b) <u>Chronic glomerulonephritis 10-10-50</u>		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <u>Generalized arteriosclerosis</u>		
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		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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>592X</u>

22. I hereby certify that I attended the deceased from Jan, 1955, to March 7, 1955, that I last saw the deceased alive on March 7, 1955, and that death occurred at 11:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Wesmond R. Hunt M.D.</u>	(Degree or title)	23b. ADDRESS <u>4652 Maryland St. Linn</u>	23c. DATE SIGNED <u>April 5-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Rein.</u>	24b. DATE <u>3/8/55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Chesed Shel Emeth</u>	24d. LOCATION (City, town, or county) (State) <u>University City Mo.</u>
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DATE REC'D BY LOCAL REG. <u>MAR 8 1955</u>	REGISTRAR'S SIGNATURE <u>Charles Smith M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Bergner Memorial</u>	ADDRESS <u>1815 McPherson</u>
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(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.....  
Signature of Student Embalmer

Signed..... *Lawrence J. Quinn*

Licensed Embalmer No. *3988*

P. O. Address .....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.