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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17144

FILED MAY 26 1955

State File No.

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

Registrar's No. **4412**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY					
b. CITY (If outside corporate limits, write RURAL and give town or town St/Louis)		c. LENGTH OF STAY (in this place township) 50 yrs		c. CITY OR TOWN St. Louis			
d. FULL NAME OF HOSPITAL OR INSTITUTION 5027a Maffitt		STREET ADDRESS (If rural, give location) 5027a Maffitt 20690					
3. NAME OF DECEASED (Type or Print) a. (First) MORRIS		b. (Middle)		c. (Last) ZATLIN			
4. DATE OF DEATH (Month) (Day) (Year) May 18 1955		5. SEX Male		6. COLOR OR RACE White			
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Wid.		8. DATE OF BIRTH unk.		9. AGE (In years last birthday) ab 90			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Manf.		10b. KIND OF BUSINESS OR INDUSTRY Ladies Garments		11. BIRTHPLACE (City and State or Foreign Country) USSR			
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Zrol Zatlin		13b. MOTHER'S MAIDEN NAME Rosa			
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None			
17. INFORMANT'S SIGNATURE OR NAME Paul Zatlin		ADDRESS 5027a Maffitt					
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. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac insufficiency ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic heart disease 6 mos. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Minute)		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 October 1954 , to May 19, 1955 , that I last saw the deceased alive on May 18, 1955 , and that death occurred at 8 a.m. , from the causes and on the date stated above.					
23a. SIGNATURE John L. Spivack		(Degree or title) M.A.		23b. ADDRESS 539 N. Grand Blvd.			
23c. DATE SIGNED May 19, 1955		24a. BURIAL, CREMATION, REMOVAL (Specify) Rem.		24b. DATE 5/19/55			
24c. NAME OF CEMETERY OR CREMATORY Both Ham Heg		24d. LOCATION (City, town, or county) (State) Ladue Mo					
DATE REC'D BY LOCAL REG. MAY 19 1955		REGISTRAR'S SIGNATURE J. Earl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Berger Memorial			
ADDRESS 4715 McPherson		S. P. (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 *Seamus J. O'S*.....

Licensed Embalmer No. *39*.....

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.