

FILED JUN 10 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17145

State File No. 4426

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

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| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo. | | c. LENGTH OF STAY (in this place) | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Jewish Hospital | | e. CITY OR TOWN St. Louis, f. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| | | STREET ADDRESS (If rural, give location) 5590 Pershing Ave. 2129 0 | |

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|---|------------|-------------|----------------|--|
| 3. NAME OF DECEASED (Type or Print) Louis | a. (First) | b. (Middle) | c. (Last) Zork | 4. DATE OF DEATH (Month) (Day) (Year) May 18, 1955 |
|---|------------|-------------|----------------|--|

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|-------------|------------------------|--|--------------------------------|------------------------------------|----------------------|-----------------------------|
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married | 8. DATE OF BIRTH Aug. 14, 1881 | 9. AGE (In years last birthday) 75 | IF UNDER 1 YEAR Days | IF UNDER 24 HRS. Hours Min. |
|-------------|------------------------|--|--------------------------------|------------------------------------|----------------------|-----------------------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Advertising | 10b. KIND OF BUSINESS OR INDUSTRY Newspaper | 11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo. | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
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| 13a. FATHER'S NAME Simon Zork | 13b. MOTHER'S MAIDEN NAME Clara Gogel | 14. NAME OF HUSBAND OR WIFE None |
|-------------------------------|---------------------------------------|----------------------------------|

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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No. Nil. | 16. SOCIAL SECURITY NO. 488-10-9508 | 17. INFORMANT'S SIGNATURE OR NAME Miss Estella A. Zork, ADDRESS 5590 Pershing |
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| 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 5/15/55 |
| | 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) DUE TO (c) | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 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) |
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| | | |
|---|--|---------------------------------|
| 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? 331X |
|---|--|---------------------------------|

22. I hereby certify that I attended the deceased from 5/15, 1955, to 5/18, 1955, that I last saw the deceased alive on 5/18, 1955, and that death occurred at 11:30 a.m., from the causes and on the date stated above.

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| 23a. SIGNATURE Herman M. Uezu M.D. (Degree or title) | 23b. ADDRESS 4409 West Pine | 23c. DATE SIGNED 5/18/55 |
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|---|-------------------|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 24b. DATE 5-19-55 | 24c. NAME OF CEMETERY OR CREMATORY Mt. Olive Cemetery | 24d. LOCATION (City, town, or county) (State) St. Louis, County, Mo. |
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| DATE REC'D BY LOCAL REG. MAY 19 1955 | REGISTRAR'S SIGNATURE J. Earl Smith, M.D. | 25. FUNERAL DIRECTOR'S SIGNATURE Mayer Fun. Home, ADDRESS 4356 Lindell Blvd. |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

21
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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 *Clara R. Sadwell*

Licensed Embalmer No. *410*

P. O. Address *St. Louis*

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.