

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **44157**  
Registrar's No. **11098**

FILED DEC 27 1956

REG. DIST. NO. **318**

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

No. 300  
10-48

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

BIRTH NO.		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>11098</b>	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Illinois</b> b. COUNTY <b>St. Clair</b>			
b. CITY (If outside corporate limits, write RURAL and give town) <b>St. Louis</b>		c. LENGTH OF STAY (in this place township) <b>11 days</b>		c. CITY OR TOWN <b>Belleville</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Lukes Hospital</b>				e. STREET ADDRESS (If rural, give location) <b>4800 Walter</b> <b>81208</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>WILLIAM</b> b. (Middle) <b>CARL</b> c. (Last) <b>ZWEIG</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>December 3 1956</b>				
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>April 4, 1885</b>		9. AGE (In years last birthday) <b>71</b>	IF UNDER 1 YEAR Months <b>7</b> Days <b>29</b>	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Yard Clerk</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Cotton Belt R.R.</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Columbia, Illinois</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Frederick Zweig</b>		13b. MOTHER'S MAIDEN NAME <b>Clara Maulrich</b>		14. NAME OF HUSBAND OR WIFE <b>Beulah Pugh Zweig</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Ill.</b> ADDRESS <b>Mrs. Beulah Zweig, 4800 Walter, Belleville</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b>				<b>13 days</b>	
		ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Cerebral arterio sclerosis</b>					
		DUE TO (c) <b>Coronary Arterio sclerosis</b>				<b>1950</b>	
		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 <b>331X</b>				20. AUTOPSY? YES <input checked="" 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?			
22. I hereby certify that I attended the deceased from <b>Apr. 27, 1950</b> , to <b>Dec. 3, 1956</b> , that I last saw the deceased alive on <b>Dec. 3, 1956</b> , and that death occurred at <b>3:20 P.M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Hiram L. Inglett M.D.</b>				23b. ADDRESS <b>3720 W. 1/2 E. Blvd.</b>		23c. DATE SIGNED <b>12/4/56</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>Dec. 6, 1956</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Valhalla Burial Park</b>		24d. LOCATION (City, town, or county) (State) <b>Belleville, St. Clair, Ill.</b>	
DATE REC'D BY LOCAL REG. <b>DEC 4 1956</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith M.D.</b>		25. GENERAL DIRECTOR'S SIGNATURE <b>W. H. Curran Jr. East St. Louis, Ill.</b>			

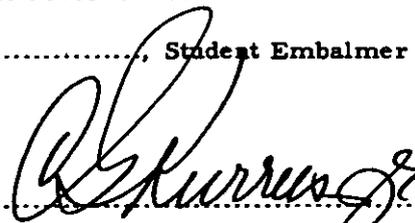
(Licensed Embalmer's Statement on Reverse Side)

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.....



Licensed Embalmer No. 3162

P. O. Address.....  
Stam

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.