

MISSOURI DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

318

1003

5653

=61-023384  
STATE FILE NUMBER

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. \_\_\_\_\_

AMENDED

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

FILED JUN 26 1961

1. COUNTY 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, give TOWNSHIP only) OR TOWN <u>ST. LOUIS</u>		Length of stay in 1b		c. CITY OR TOWN <u>ST. LOUIS</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>				
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>ST. ANTHONY HOSPITAL</u>			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS <u>2844 SIDNEY ST</u>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First Middle Last <u>MARY ZOE ZELSMAN</u>						4. DATE OF DEATH Month Day Year <u>JUNE 15 1961</u>				
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>MAY 26 1881</u>		9. AGE (last birthday) <u>80</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED GARMENT WORKER</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>MO.</u>		11. BIRTHPLACE (City and state or country) <u>USA</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>		
13a. FATHER'S NAME <u>HILHARY TURNER</u>			13b. MOTHER'S MAIDEN NAME <u>MARY HAWKINS</u>			14. NAME OF HUSBAND OR WIFE <u>CHARLES ZELSMAN</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.		17. INFORMANT <u>EARLE ZELSMAN 5106 WESTMINISTER PL.</u>			Address		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:								INTERVAL BETWEEN ONSET AND DEATH		
IMMEDIATE CAUSE (a) <u>Arteriosclerotic Heart Disease</u>								<u>yes</u>		
DUE TO (b) <u>Generalized Arteriosclerosis</u>								<u>yes</u>		
DUE TO (c) <u>4200</u>										
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)								PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/>		SUICIDE <input type="checkbox"/>		HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year										
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from <u>May 1961</u> to <u>June 15 1961</u> and last saw her <sup>him</sup> alive on <u>6-15-61</u> Death occurred at <u>1201 P</u> on the date stated above, and to the best of my knowledge, from the causes stated.										
22a. SIGNATURE <u>John J. O'Neil</u> (Degree or title) <u>MD</u>				22b. ADDRESS <u>5203 Clayton St. St. Louis</u>				22c. DATE SIGNED <u>6-16-61</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county)		(State)		
<u>REMOVAL</u>		<u>JUNE 19, 1961</u>		<u>NEW ST. MARCUS</u>		<u>ST. LOUIS</u>		<u>MO.</u>		
24. FUNERAL DIRECTOR <u>Thomas Kutka 2906 Gravois</u>				25. DATE RECD. BY LOCAL REG. <u>JUN 16 1961</u>		26. REGISTRAR'S SIGNATURE <u>Earl Smith, M.D.</u>				

**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 Eleana Province

Licensed Embalmer No. 3403

P. O. Address 2906 Graven

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.