

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

41591

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City **St. Louis** (No. **5942** **Leffite**) St. _____ Ward)

File No.
Registered No. **63**

2. FULL NAME

FRANK J ZEBURA

(a) Residence. No. **5942 Leffite** St. **7** Ward.

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. COLOR OR RACE Whte	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Magdalene Zebura		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 9 - 1873		
7. AGE	YEARS 57	MONTHS 6
	DAYS 21	IF LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. Retired Merchant (b) General nature of industry, business, or establishment in which employed (or employer). Green (c) Name of employer		

3 **MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Dec 30 1930**

17. I HEREBY CERTIFY, That I attended deceased from **Aug 14**, 19**30** to **Dec 30**, 19**30** that I last saw him alive on **Dec 30 6** 19**30**, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic interstitial nephritis
131 nephritis
150 (duration) **1** yrs. mos. ds.
150 **Heart Dis**
CONTRIBUTORY (SECONDARY) **Chronic Myocarditis**
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH.
DID AN OPERATION PRECEDE DEATH? **No** DATE OF _____
WAS THERE AN AUTOPSY? **No**
WHAT TEST CONFIRMED DIAGNOSIS **Examination**
(Signed) **W. A. Thompson**, M. D.
, 19 (Address) **437 1/2 St**

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Poland**

PARENTS

10. NAME OF FATHER John Zebura
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Poland
12. MAIDEN NAME OF MOTHER Mary Newman
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Poland

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL **Cabray Cem.** DATE OF BURIAL **Jan 3 1931**

20. UNDERTAKER **Central** ADDRESS **1841 Cass**

14. INFORMANT **Mrs Magdalene Zebura**
(Address) **5942 Leffite**

15. FILED **-2 1930** REGISTRAR

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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