

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

Do not use this space.

33663

1. PLACE OF DEATH

County..... Registration District No. 707
Township..... Primary Registration District No. 1003
City St. Louis - Mo (No. Jewish Hospital)

File No.
Registered No. 8952
St. Ward)

2. FULL NAME Mr. The Zumbelman

(a) Residence, No. 5849 Perry Ave St. 6 Ward.

Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S., if of foreign birth? 29 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Widowed</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Unknown</u>		
7. AGE <u>about 56</u>	YEARS	MONTHS
		DAYS
		If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>General merchandise</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Buying and selling merchandise</u>	
	10. Date deceased last worked at this occupation (month and year) <u>Oct - 2, 1932</u>	
	11. Total time (years) spent in this occupation. <u>25 1/2</u>	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct - 7 - 1932

22. I HEREBY CERTIFY, That I attended deceased from 9-20, 1932, to 10-7, 1932.
I last saw him alive on 10-7, 1932. Death is said to have occurred on the date stated above, at 12:17 P.M.
The principal cause of death and related causes of importance were as follows:
Hemiplegia - Apoplectic
long standing pneumonia
Other contributory causes of importance: None

Date of onset 9-25-32
9-29-32

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Russia</u>
	13. NAME <u>Sam Zivibelman</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Russia</u>
	15. MAIDEN NAME <u>Ethel Boxerman</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Russia</u>
FATHER	17. INFORMANT <u>Sam Zivibelman</u> (ADDRESS) <u>1372 Clara Ave</u>
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Chernok Medisha</u> DATE <u>Oct-9-1932</u>
	19. UNDERTAKER <u>Ovenhandle Funeral Directors</u> (ADDRESS) <u>4469 Washington Blvd</u>
	20. FILE NO. <u>661-8 1932</u> , 19 <u>Max G. Starckoff</u> Registrar

Name of operation None Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 19.....
Where did injury occur?..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....
If so, specify.....
(Signed) Carl Weitz, M. D.
(Address) Jewish Hospital

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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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