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.

JUN 26 1934

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

Do not use this space.

1. PLACE OF DEATH
County St. Louis — Registration District No. 788 — File No. 47/960
Township Central — Primary Registration District No. 4471 — Registered No. 788
City Webster Groves (No. 513 East Lockwood ave St. Ward)

2. FULL NAME David Irving Zucker
(a) Residence, No. 513 East Lockwood St., 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: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Hazel Zucker
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec 6th 1871
7. AGE: YEARS 62 — MONTHS 5 — DAYS 7 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: President
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Real Estate Printing & Pub Co
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St Louis Mo

FATHER
13. NAME: S. J. Zucker
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Chester Ill

17. INFORMANT (ADDRESS): Hazel Zucker 513 E Lockwood ave
18. BURIAL, CREMATION, OR REMOVAL: Webster Groves
PLACE Lakewood Park DATE 5-15 1934
19. UNDERTAKER (ADDRESS): Wacker Helderle 2331 So Broadway
20. FILED 5-15 1934 Julius R. York Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 13th, 1934
22. I HEREBY CERTIFY, That I attended deceased from Aug., 1933, to 5/13, 1934
I last saw h.l.m. alive on 5/12, 1934. Death is said to have occurred on the date stated above, at 1:30 a.m.
The principal cause of death and related causes of importance were as follows:
Carcinoma of Sigmoid Colon, Renal & Cardiac Failure — Date of onset: About July, 1932
Other contributory causes of importance:
46
Name of operation: Colostomy — Date of: July 1933
What test confirmed diagnosis? Microscopic — Was there an autopsy? No
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? No
If so, specify
(Signed) Sam A. Barrett M.D., M. D.
(Address) 1250 S. Big Bend Rich. Hts. Mo.