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

NOV 2 1935

Do not use this space.

31270

Registration District No. 791

Primary Registration District No. 1003

File No.

Registered No. 8070

1. PLACE OF DEATH

County

Township

City St. Louis (No. 4605 Lindell Blvd. St. Ward)

2. FULL NAME HARRY H. ZUCKER

(a) Residence, No. 4605 Lindell St., 12 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~~: Jean Zucker

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 28, 1871

7. AGE: Years 64 | Months 3 | Days 28 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Mfg.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Neckwear

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): New York City

FATHER

13. NAME: Isador Zucker

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER

15. MAIDEN NAME: Anna Scheyer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): New York City

17. INFORMANT (ADDRESS): Mrs. Jean Zucker, 4605 Lindell

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Olive (Jewish) DATE 9-26 1935

19. UNDERTAKER (ADDRESS): H. Rindskopf, 3216 Delmar

20. FILED SEP 26 1935, 19.... J. F. Bredeck, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 26, 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb, 1935 to Sept 26, 1935

I last saw him alive on Sept 26, 1935. Death is said to have occurred on the date stated above, at 1:20 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-Sclerotic Heart Disease	1 yr.
Cerebral Hemorrhage	1 day

Other contributory causes of importance:

Acute Pulmonary Edema	4 hours

Name of operation: Date of

What test confirmed diagnosis? Clinical Was there an autopsy? 0

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) Arthur E. Strauss, M. D.

(Address) 607 N. Grand

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.

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

100M-11-24-33