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.

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

Do not use this space.

AUG 25 1936

1. PLACE OF DEATH
County St. Louis — Registration District No. 785 — File No. 27866
Township Bonhomme — Primary Registration District No. 6031 — Registered No. 85
City ..... (No. Peerless Beach (Meramec River) Ward)

2. FULL NAME Harold Zukerman
(a) Residence, No. 2100S Broadway St., ... Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? 14 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: m
4. COLOR OR RACE: w
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ---

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 2 1922

7. AGE — YEARS: 14 — MONTHS: 7 — DAYS: 10 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. school
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
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 Sam Zukerman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russia

MOTHER
15. MAIDEN NAME Pearl Mellman
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russia

17. INFORMANT (ADDRESS) Sam Zukerman 2100 S Broadway

18. BURIAL, CREMATION, OR REMOVAL
PLACE Chesed Shel Emeth DATE 7/13/36 19

19. UNDERTAKER (ADDRESS) Oberhandler Funeral 4469 Washington

20. FILED 7-13- 1936 Agnes C. Kelly Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/13/36, 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 4 PM.
The principal cause of death and related causes of importance were as follows:

Drowning in Peerless Beach, Meramec river, wading in deep water with other members of family, stepped into deep section and sank before it was possible to rescue him. This happened at 1 PM and body recovered 4 PM. with drag-hooks. Sec: Accidentally drowned.

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? no
Coroner's View

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) Luke D. Timm, M. D. 7/13/36
(Address) 3718 Jennings Rd. Norman H. Louis Co. Mo.

Scott & Miriam
Kirkwood, Mo.