

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

Do not use this space.

1. PLACE OF DEATH

FEB 8 1937 791

3548

96 County _____ Registration District No. _____
 35 Township _____ Primary Registration District No. **1003**
 92 City *Whagen* (No. *Georgetown*)
 92 FULL NAME *Isaac Zakawski*
 (a) Residence No. *02392* *Delmar* 12 Ward. (If nonresident, give city or town and State)
 (Usual place of abode)
 Length of residence in city or town where death occurred *47* yrs. mos. ds. How long in U.S., if of foreign birth *72* yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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 *Mollie Zakawski*
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *March 18-1883*
 7. AGE YEARS *53* MONTHS *9* DAYS *27* If LESS than 1 day,hra. ormin.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Cleaning*
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Sailor Shop*
 10. Date deceased last worked at this occupation (month and year) *Dec 15, 1936* 11. Total time (years) spent in this occupation *30*

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Jan. 14*, 19*37*

22. I HEREBY CERTIFY, That I attended deceased from *Jan 7*, 19*37*, to *Jan 14*, 19*37*
 I last saw him alive on *Jan 14*, 19*37*. Death is said to have occurred on the date stated above, at *2:40* a.m.
 The principal cause of death and related causes of importance were as follows:

acute suppurative meningitis
chronic suppurative otitis media
pneumonia
bronchopneumonia
 Other contributory causes of importance: *107a*

Date of onset	<i>1/9</i>
	<i>1/9</i>
	<i>1/9</i>
	<i>1/12</i>

MOTHER / FATHER 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Russia*
 13. NAME *Chester Zakawski*
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Russia*
 15. MAIDEN NAME *Zlata*
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Russia*
 17. INFORMANT (ADDRESS) *Chester Zakawski*
 18. BURIAL, CREMATION, OR REMOVAL *Chesed Shel Meth* DATE *1/15-37*
 19. UNDERTAKER (ADDRESS) *Merhandla*
 20. FILED *4460 Washington*
J. Brebeck Registrar.
JAN 14 1937

Name of operation _____ Date of _____
 What test confirmed diagnosis? *Spinal fluid* 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? _____
 If so, specify _____
 (Signed) *J. H. Mumm*, M. D.
 (Address) *Care 1007 14*

N. B.—Every item of information stated here is very important. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

