

NOV 15 1937

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

Do not use this space.

1. PLACE OF DEATH

County BUCHANAN
Township WASHINGTON
City ST. JOSEPH,

Registration District No. _____
Primary Registration District No. _____
(No. MISSOURI METHODIST HOSPITAL)

File No. 37129
Registered No. 1103
St. _____ Ward _____

2. FULL NAME RAYMOND RICHARD ZUROW

(a) Residence, No. 1018 MESSANIE St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. 11 mos. 19 ds. How long in U. S., if of foreign birth? 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>SINGLE</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>SINGLE</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>OCTOBER 17, 1915</u>		
7. AGE <u>21</u>	YEARS <u>11</u>	MONTHS <u>19</u>
If LESS than 1 day, _____ hrs. or _____ min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>EMPLOYEE UNITED DEPT. STORE</u>	
	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) <u>UNK</u> 11. Total time (years) spent in this occupation <u>UNK</u>	
12. BIRTHPLACE (CITY OR TOWN) <u>ST. JOSEPH,</u> (STATE OR COUNTRY) <u>MISSOURI</u>		
FATHER	13. NAME <u>BEN ZUROVSKY</u>	
	14. BIRTHPLACE (CITY OR TOWN) <u>RUSSIA</u> (STATE OR COUNTRY)	
MOTHER	15. MAIDEN NAME <u>SARAH</u>	
	16. BIRTHPLACE (CITY OR TOWN) <u>RUSSIA</u> (STATE OR COUNTRY)	
17. INFORMANT <u>BEN ZUROVSKY</u> (ADDRESS) <u>1018 MESSANIE, ST. JOSEPH, MO.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>B'NAI YAAKOV</u> DATE <u>OCT. 7, 1937</u>		
19. UNDERTAKER <u>FLEEMAN & SON INC.</u> (ADDRESS) <u>1946 COLHOUN ST. ST. JOSEPH, MO.</u>		
20. FILED <u>10/17/37</u> <u>St. Joseph</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) OCTOBER 6, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 5 1937 to Oct 6 1937
I last saw h. i. m. alive on Oct 6 1937 Death is said to have occurred on the date stated above, at 2:45 P. M.
The principal cause of death and related causes of importance were as follows:
Primary Traumatic Shock
Rupture Livers
Date of onset _____

Other contributory causes of importance: 203m

Name of operation _____ Date of _____
What test confirmed diagnosis Clusmal Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide Accidental Date of injury 10/5/37
Where did injury occur? St. Joseph Buchanan Co. Mo.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. in industry

Manner of injury Crushed between elevator & floor
Nature of injury Internal injury

24. Was disease or injury in any way related to occupation of deceased? Yes
If so, specify accidentally
(Signed) St. Joseph M. D.
(Address) St. Joseph

