

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

8763
Do not use this space.

1. PLACE OF DEATH
(a) County Registration District No.
(b) Township Primary Registration District No.
(c) City St. Louis, Mo. (d) Street No. City Infirmary. Registered No. 2352
(If death occurred in Hospital or Institution, write its name instead of street and number) St.
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Louis Zeke, 200
(a) Residence, No. 5800 Arsenal St. St. 13
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 15, 1871

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>766</u>	<u>209</u>	<u>28</u>	<u>17</u>	

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. No Occupation

9. Industry or business in which work was done, as 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) Russia.

FATHER 13. NAME Prang Zeke

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown.

MOTHER 15. MAIDEN NAME Rosie ?

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown.

17. INFORMANT (ADDRESS) E. Molony, 5800 Arsenal St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cen. DATE Mar. 17, 1938

19. FUNERAL DIRECTOR (ADDRESS) J. H. Gibson and Co. 2842 Meramec St.

20. FILED MAR 9 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 2, 1938

22. I HEREBY CERTIFY, That I attended deceased from August 23, 1934 to March 2, 1938
I last saw him alive on March 2, 1938 Death is said to have occurred on the date stated above, at 5:45 m. P.M.
The principal cause of death and related causes of importance were as follows:

Tuberculosis, Pulmonary

23

Other contributory causes of importance: Nephritis, Chronic
Arteriosclerosis, general

Name of operation none Date of
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury
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 None
(Signed) Young M. D.
(Address) 5800 Arsenal

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____

hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____

L. E. **NO EMBALMING**

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)