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3-40
7-39
X29159

Registration District No. **791** Primary Registration District No. _____

1. PLACE OF DEATH: **791**
(a) County _____
(b) City or town **ST. LOUIS**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **JEWISH HOSPITAL**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **30 YEARS**
years, months or days

2. USUAL RESIDENCE OF DECEASED: **1003**
(a) State **MISSOURI** (b) County _____
(c) City or town **ST. LOUIS** **6**
(If outside city or town limits, write "RURAL")
(d) Street No. **5933 LOTUS**
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME **NATHAN ZEMME ZEMME**
(b) If veteran, name war _____ (c) Social Security No. **488-01-3200**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **OCTOBER** day **13TH**
year **1940** hour **350** minute _____ A.M.

4. Sex **MALE** 5. Color or race **WHITE**
6. (a) Single, widowed, married, divorced **MARRIED**
6. (b) Name of husband or wife **BESSIE** 6. (c) Age of husband or wife if alive **44** years
7. Birth date of deceased **NOV 15**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **July 10**, 19**40**, to **October 13**, 19**40**, that I last saw him alive on **October 13**, 19**40**, and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
ABOUT 47 - - - hr. min.

Immediate cause of death
Acute pulmonary edema caused 2 hrs. by malignant hypertension
Due to **Malignant hypertension** **102**

9. Birthplace **RUSSIA**
(City, town, or county) (State or foreign country)

Due to _____
Other conditions (include pregnancy within 3 months of death) _____

10. Usual occupation **TAILOR**

Major findings: Of operations _____
Of autopsy _____

11. Industry or business _____

12. Name **UNKNOWN**

13. Birthplace **RUSSIA**
(City, town, or county) (State or foreign country)

14. Maiden name **UNKNOWN**

15. Birthplace **RUSSIA**
(City, town, or county) (State or foreign country)

16. (a) Informant **Bessie Zemel ZEMME**
(b) Address **5933 Lotus**

17. (a) **BURIAL** (b) Date thereof **OCT. 13 - 1940**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **CHESED SHEL EMETH**

18. (a) Signature of funeral director **H. Rindoff**
(b) Address **5216 Delmar**
19. (a) **OCT 13 1940** (b) **J. Rindoff**
(Date received local registrar) (Registrar's signature)

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature **Harry Gross** (M. D. or other) **1**
Address **1045 N. Water Bldg** Date signed **10/13/40**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed *Chas. W. Cooper*

Licensed Embalmer No. *3830*

P. O. Address *5216 Delmar*

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

If this body is not embalmed, fact should be so stated above.