

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH38225  
State File No. \_\_\_\_\_  
Registrar's No. 1280

Registration District No. 85

Primary Registration District No. 1001

## 1. PLACE OF DEATH:

(a) County. Buchanan  
(b) City or town. St. Joseph  
(c) Name of hospital or institution: 2216 Penn.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. \_\_\_\_\_ (Specify whether)  
In this community. 35 years years, months or days

3. (a) PRINT FULL NAME. JACOB A. ZIDELL3. (b) If veteran, name war. none 3. (c) Social Security No. none

4. Sex male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife. Chereal Zidell 6. (c) Age of husband or wife if alive. 65 years  
7. Birth date of deceased. June 25th. 1874 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
66 5 11 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Unknown Russia  
(City, town, or county) (State or foreign country)

10. Usual occupation Retail Grocer

11. Industry or business \_\_\_\_\_

12. Name Mordeciah Zidell  
13. Birthplace unknown Russia  
(City, town, or county) (State or foreign country)  
14. Maiden name Rose Unknown  
15. Birthplace Unknown Russia  
(City, town, or county) (State or foreign country)

16. (a) Informant Joseph A. Zidell(b) Address 2216 Penn St. Joseph, Mo.  
Burial (c) Date thereof 12-8-40  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation B'Nai Yaakov Cemetery18. (a) Signature of funeral director FLEEMAN & SON INC.(b) Address St. Joseph, Mo.19. (a) 12/9/40 (b) N. Mastalovich  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Buchanan  
(c) City or town St. Joseph  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1818 S. 20th.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 6th.  
year 1940 hour 2 minute 30 P. M.

21. I hereby certify that I attended the deceased from Dec. 3 1940 to Dec 6 1940  
that I last saw him alive on Dec 3 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death.

Hypertensive Cordis Vasculi  
disease with  
coronary occlusion

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Duration

PHYSICIAN

Underline  
the cause to  
which death  
should be  
charged sta-  
tistically.

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?

85 While at work? \_\_\_\_\_ (Specify type of place)  
(c) Means of injury \_\_\_\_\_  
23. Signature N. Mastalovich (M. D. or other) \_\_\_\_\_  
Address 620 E. Main St. St. Joseph Date signed 12-7-40

**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

*myself*  
working under my personal supervision.

Registered Apprentice No.

Signed

*George E. Smith*  
Licensed Embalmer No. *3300*

P. O. Address *St Joseph*

**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.)**

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