

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:

(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: JEWS HOSP.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 38 yrs.
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County ST. LOUIS
(c) City or town UNIVERSITY CITY N.R.
(If outside city or town limit write "RURAL")
(d) Street No. 6242 CABANNE
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 40 years.

3. (a) PRINT FULL NAME JACOB (JACK) ZIGEL

3. (b) If veteran, name war NO 3. (c) Social Security No. NO

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife MARY ZIGEL 6. (c) Age of husband on wife if alive (UNK) years

7. Birth date of deceased APR 15 1880
(Month) (Day) (Year)

8. AGE: Years 60 Months 7 Days 29 If less than one day hr. _____ min.

9. Birthplace HUBLIN POLAND
(City, town, or county) (State or foreign country)

10. Usual occupation SHOES

11. Industry or business RETAIL

12. Name LOUIS ZIGEL

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

14. Maiden name STRAINDEL HOCKMAN

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

16. (a) Informant MRS. M. ZIGEL

(b) Address 6242 CABANNE

17. (a) BURIAL (b) Date thereof 12/17/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CHESED SHELEMET

18. (a) Signature of funeral director H. B. BERGER

(b) Address 4775 McPHERSON

19. (a) DEC 15 1940 (Date received local registrar) J. H. Brecker (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12/15 day 40
year _____ hour 4am minute _____ M.

21. I hereby certify that I attended the deceased from 12/9/40 19 _____ to 12/15/40 19 _____
that I last saw him alive on 12/15/40 19 _____
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of bladder urinary metastases to lungs & ischium

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) 5'

Major findings: Of operations _____
Of autopsy Above.

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 L. M. Kotner (M. D. or other)
Address Jewish Hosp. Date signed 12/15/40

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

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.....

H. J. Berger

Licensed Embalmer No.....

1597

P. O. Address.....

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, above space should be left blank.