

FILED OCT 18 1941

Registration District No. **791**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County **St. Louis**
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Park Lane Memorial 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 _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **000**
(c) City or town **St. Louis** **6 17**
(If outside city or town limits, write "RURAL")
(d) Street No. **1610 Goodfellow Ave.** **9**
(If rural, give location)
(e) Citizen of foreign country? **0** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **September** **9**
year **1941** hour **6** minute **A.** M.

21. I hereby certify that I attended the deceased from **8-15-41**
~~9-9-41~~ 19, to **9-9-41** 19;
that I last saw her alive on **9-9-41** 19;
and that death occurred on the date and hour stated above.

Immediate cause of death **Post-operative pneumonia, hypostatic** **unspecified** Duration **5 days**

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: **Chronic appendicitis, myoma of uteri, Hydrosalpinx, and cystic ovaries.**
Of autopsy _____

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) _____ (c) means of injury _____

23. Signature **J. Buddeck** (M.D. or other) **9-9-41**
Address **4930 Lindell** Date signed **9-9-41**

3. (a) PRINT FULL NAME **Irene Zebrowitz**

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

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Alvin Zebrowitz** 6. (c) Age of husband or wife if alive **40** years

7. Birth date of deceased **June 10 1904**
(Month) (Day) (Year)

8. AGE: Years **37** Months **2** Days **29** If less than one day _____ hr. _____ min.

9. Birthplace **St. Louis Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business _____

MOTHER FATHER { 12. Name **Robert H. Smith**

13. Birthplace **St. Louis Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name **Gertrude Wright**

15. Birthplace **Bonne Terre Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Alvin Zebrowitz**

(b) Address **1610 Goodfellow Ave.**

17. (a) **Burial** (b) Date thereof **9-11-41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Bethlehem Cemetery**

18. (a) Signature of funeral director **Stroot-Carroll**

(b) Address **4600 Natural Bridge Ave.**

19. (a) **SEP 10 1941** (b) **J. Buddeck**
(Date received local registrar) (Registrar's signature)

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,.....

Frank H. Stroch

Licensed Embalmer No. *2265*

P. O. Address. *4600 Natural Bridge*

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.