S. No. 2
M—9-4-41
v. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 13 1942 791

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

20071

State File No.

Registration District No. Primary Registration District No. 1003 Registrar's No. 5689

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: Jewish Hospital 0
(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 St,Louis 96

(c) City or town (If outside city or town limits, write "RURAL") NRO

(d) Street No. No,8 Town & Country Rd.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME Harold Tzinberg

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex male 0

5. Color or white 1

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Mildred Tzinberg

6. (c) Age of husband or wife if alive 28 years

7. Birth date of deceased March (Month) 9 (Day) 1909 (Year)

8. AGE:

Years	Months	Days	If less than one day
33	3	21	hr. min.

9. Birthplace St.Louis (City, town, or county) Mo. (State or foreign country) 0

10. Usual occupation News Dealer

11. Industry or business

FATHER
12. Name Ben Tzinberg
13. Birthplace Russia (State or foreign country) 6

MOTHER
14. Maiden name Rose Polishek
15. Birthplace Russia (City, town, or county) (State or foreign country) 6

16. (a) Informant Mildred Tzinberg
(b) Address 8 Town and Country Rd,

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 7-3-42 (Month) (Day) (Year)
(c) Place: burial or cremation Chesed Shel Emeth

18. (a) Signature of funeral director Herman Rundskopf
(b) Address 5216 Delmar

19. (a) JUL 2 1942 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month July day 1 1942
year hour 7 minute 30 A M.

21. I hereby certify that I attended the deceased from 6-1, 1942, to 7-1, 1942
that I last saw him alive on 7-1, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Ruptured aneurysm of brain — N.

Due to Congenital

Due to 157

Other conditions None
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy as above —

Duration

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?
(Specify type of place)

While at work? (e) Means of injury 0

23. Signature Herbert V Cedivasser (M. D. or other)

Address 634 No Grand Av Date signed 7/2/42

844 (Licensed Embalmer's Statement on Reverse Side)

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 Delma

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.