. S. No. 2
M—1-4-41
ev. 5-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 4 1942

Registration District No. 318

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 26325

Registrar's No. 7300

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: Jewish Hospital O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 18 days (Specify whether
In this community 42 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 003

(a) State Mo (b) County 17

(c) City or town St. Louis 10
(If outside city or town limits, write "RURAL")

(d) Street No. 4400 St. Ferdinand
(If rural, give location)

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

If yes, name country O

3. (a) PRINT FULL NAME Dora Zide

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Late Louis Zide

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

7. Birth date of deceased Jan (Month) 22 (Day) 1889 (Year)

8. AGE:

Years	Months	Days	If less than one day
53	7	9	hr. min.

9. Birthplace Rumania 6
(City, town, or county) (State or foreign country)

10. Usual occupation Grocery

11. Industry or business Clerk

FATHER
12. Name Fischel Markowitz
13. Birthplace Rumania 6
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Gitel
15. Birthplace Rumania 6
(City, town, or county) (State or foreign country)

16. (a) Informant Abraham Zide Abraham Zide
(b) Address 2318 O'Fallon

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-1-42 (Month) (Day) (Year)
(c) Place: burial or cremation Chesed Shel Emeth

18. (a) Signature of funeral director [illegible]
(b) Address 4469 Washington

19. (a) AUG 31 1942 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 31
year 1942 hour 2 minute a. M.

21. I hereby certify that I attended the deceased from 6/17, 1930 to 8/31, 1942
that I last saw her alive on 8/30, 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Hemiplegia (rt.), ~~Embolic~~ Embolic (?)	17 days
Due to: Mitral Stenosis	12 yrs +
Due to:	
Other conditions: Bronchopneumonia (Include pregnancy within 3 months of death)	1 d.

Major findings:
Of operations —
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) 4
(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 O

23. Signature Arthur E. Strauss (M. D. ~~or other~~)
Address 529 N. Grand Date signed 8/31/42

944 (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 .....

Licensed Embalmer No. 3669

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, fact should be so stated above.