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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
JAN 21 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 924

Registration District No. 818 | Primary Registration District No. 1003 | Registrar's No. 335

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis, Missouri (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis City Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Day (Specify whether years, months or days)
In this community 43 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 009 19
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 9 11
(d) Street No. 2364 A. So. Compton (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Mike Zuras

3. (b) If veteran, name war no

3. (c) Social Security No. 494-05-5191

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Vera Zuras (nee Wells)

6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased August 8th. 1888 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
54	4	13 ~~22~~	hr. min.

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

10. Usual occupation Barber

11. Industry or business Barber Shop

FATHER
12. Name George Zuras
13. Birthplace Unknown (City, town, or county) Greece 6 (State or foreign country)

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

16. (a) Informant Vera Zuras (wife)
(b) Address 2344 A So Compton

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 1-14-43 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla

18. (a) Signature of funeral director Henry L. Heidenreich
(b) Address 6203 Gravois

19. (a) JAN 13 1943 (Date received local registrar) (b) J. P. Predeek (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 9. year 1943 hour 8:20 minute P.M.

21. I hereby certify that I attended the deceased from January 8. 1943 to January 9. 1943 that I last saw him alive on January 9. 1943 and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Carcinoma of the liver
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Cirrhosis of the liver
Esophageal varices

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

23. Signature Fraz Steinberg (M. D. or other) M.D.
Address 1515 Lafayette Ave. Date signed 1/11/43

(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 Guy W. Wilkinson

Licensed Embalmer No. 3975

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.