

LED JUL 8 1943  
Registration District No. 318

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  
(c) Name of hospital or institution: 1147a Blackstone  
(d) Length of stay: In hospital or institution 12 years  
In this community 12 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County  
(c) City or town St. Louis  
(d) Street No. 1147a Blackstone  
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Jacob Meyer Zemelman

3. (b) If veteran, name war No 3. (c) Social Security No. 498-09-1083

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Jennie Zemelman 6. (c) Age of husband or wife if alive (unk) years  
7. Birth date of deceased ab. (September) 1885

8. AGE: Years Months Days If less than one day  
ab. 57 9 hr. min.

9. Birthplace Poland

10. Usual occupation Machinist

11. Industry or business Amertorp Corp.

12. Name Samuel Zemelman

13. Birthplace Poland

14. Maiden name Toba Sheindel Glick

15. Birthplace Poland

16. (a) Informant Mrs. Jennie Zemelman

(b) Address 1147a Blackstone

17. (a) burial (b) Date thereof 6/27/43

(c) Place: burial or cremation Chesed Shel Emeth

18. (a) Signature of funeral director Berger Memorial

(b) Address 4715 McPherson

19. (a) JUN 27 1943 (b) J. F. Brudeck

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 25th  
year 1943 hour 6 minute 00 p. M.

21. I hereby certify that I attended the deceased from March 16, 1943 to June 25, 1943  
that I last saw him alive on June 18, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Thrombosis  
Due to: Chronic Endocarditis 1 year

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

Major findings: Of operations  
Of autopsy

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?  
(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 J. M. McDonald (M. D. or other)  
Address 5734 N. Grand Date signed 6-26-43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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**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..... 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, fact should be so stated above.**