

No. 2
1-5-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **8131**
Registrar's No. **1213**

Registration District No. **318**
Primary Registration District No. **1002**

1. PLACE OF DEATH:
(a) County **St. Louis, Missouri**
(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-Max C. Starkloff Memorial
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1 week**
(Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **0-00**
(c) City or town **St. Louis,**
(If outside city or town limits, write "RURAL")
(d) Street No. **3500 So. Broadway**
(If rural, give location)
(e) Citizen of foreign country? **0**
(Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **HENRY ZWICK**
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **Male** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Single**
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **April 21, 1886**
(Month) (Day) (Year)

8. AGE: Years **59** Months **09** Days **13**
If less than one day hr. _____ min. _____

9. Birthplace **St. Louis, Missouri**
(City, town, or county) (State or foreign country)
10. Usual occupation **Day Laborer**

11. Industry or business _____
12. Name **John Zwick**
13. Birthplace **St. Louis, Missouri**
(City, town, or county) (State or foreign country)
14. Maiden name **Sarah David**
15. Birthplace **Ireland**
(City, town, or county) (State or foreign country)

16. (a) Informant **Fred Metzger**
(b) Address **3559 Marine ave, Creamatory**
17. (a) (b) Date thereof **2/7/46**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Missouri**

18. (a) Signature of funeral director **Gebken-Benz Mort.**
(b) Address **2842 Meramec St.**
19. (a) **FEB 5 1946** (b) **J. F. Bedeck**
(Date received local health officer's certificate) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Feb.** day **4th**
year **1946** hour **2:45** minute **P** M.
21. I hereby certify that I attended the deceased from **1/25/46**
_____, 19____, to **2/4/46**, 19____;
that I last saw h **im** alive on **2/4/46**, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death **Uremia**
Duration **10 days**
Due to _____
Due to _____
Other conditions **Branchitis - Chr**
(Include pregnancy within 3 months of death) **7 yrs.**

PHYSICIAN
Major findings:
Of operations _____
Of autopsy _____
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 **John F. Bedeck M.D.**
Address **1515 Lafayette** Date signed **2/5/46**

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

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.....

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.