No. 2
—5-43
5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 1 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 35759

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9166

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
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 weeks (Specify whether years, months or days)

In this community 25 3 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

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

(d) Street No. 5097 Washington Avenue
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Sam Zuckerman

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Una Zuckerman

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

7. Birth date of deceased May 15, 1894 (Month) (Day) (Year)

8. AGE: Years 52 Months 3 Days 10 If less than one day hr. min.

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

10. Usual occupation Produce Merchant

11. Industry or business

FATHER
12. Name unk
13. Birthplace ussr (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name unk
15. Birthplace USSR (City, town, or county) (State or foreign country)

16. (a) Informant Una Zuckerman
(b) Address 5097 Washington

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 10/28/46 (Month) (Day) (Year)
(c) Place: burial or cremation New Mt. Sinai

18. (a) Signature of funeral director Berger Memorial
(b) Address 4715 Mc Pherson

19. (a) OCT 27 1946 (Date received local registrar) (b) J. L. Bredek (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 25 year 1946 hour 1 minute P.M.

21. I hereby certify that I attended the deceased from October 6, 1946 to October 25, 1946 that I last saw him alive on October 25, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary artery occlusion	3 weeks
Due to Arteriosclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death) Syphilis of the aorta	

Major findings:
Of operations
Of autopsy Not done

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 Frank H. Flinberg (M. D. or other) M.D.
Address 308 North Sixth St. Date signed 10.26.46

(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. 4529

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.