

1. PLACE OF DEATH:
(a) County **MISSOURI**
(b) City or town **ST. LOUIS**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **3314 LOUISIANA**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community **42 YRS.** years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **MISSOURI** (b) County _____
(c) City or town **ST. LOUIS** **1511**
(If outside city or town limits, write "RURAL")
(d) Street No. **3314 LOUISIANA** **9**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **VINCENT ZOFF**

3. (b) If veteran, name war _____ 3. (c) Social Security No. **488-07-3003**

4. Sex **MALE** 5. Color or race **white**
6. (a) Single, widowed, married, divorced **MARRIED**
6. (b) Name of husband or wife **AGNES** 6. (c) Age of husband or wife if alive **61** years
7. Birth date of deceased **MARCH 28 1881**
(Month) (Day) (Year)

8. AGE: Years **65** Months **8** Days **9** If less than one day _____ hr. _____ min.

9. Birthplace **BOHEMIA** (City, town, or county) (State or foreign country) **8**

10. Usual occupation **MOULDER**

11. Industry or business **QUICK MEAL CO.**

12. Name **FRANK ZOFF** **8**

13. Birthplace **BOHEMIA** (City, town, or county) (State or foreign country) **8**

14. Maiden name **UNKNOWN**

15. Birthplace **BOHEMIA** (City, town, or county) (State or foreign country) **8**

16. (a) Informant **AGNES ZOFF**

(b) Address **3314 LOUISIANA**

17. (a) **BURIAL** (b) Date thereof **DEC. 9 1946**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **NEW PICKER CEM.**

18. (a) Signature of funeral director **J. F. Brudeck**

(b) Address **2906 GRAVOIS**

19. (a) **DEC 18 1946** (b) **J. F. Brudeck**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **DEC.** day **7**
year **1946** hour **4** minute **30 A.M.**

21. I hereby certify that I attended the deceased from **June 4 1944** to **Dec. 7 1946**
that I last saw him alive on **Dec. 7 1946**
and that death occurred on the date and hour stated above.

Immediate cause of death **Acute Cardiac dilatation** Duration _____

Due to **Carcinoma Throat (original)**
General metastases (Carcinoma)

Due to **Hemiplegia**
Myocarditis etc.

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

Major findings: **Carcinoma Throat** PHYSICIAN _____
Of operations _____ Underline the cause to which death should be charged statistically.

Of autopsy **none**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence **None**

(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? _____

(e) While at work? _____ (Specify type of place) (f) Means of injury _____

23. Signature **Jacob [unclear]** (M. D. or other) **M.D.**

Address **2767 Gravois ave** Date signed **12-7-46**

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

Dr. John Dambek

2

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

Leo J. Budde

Licensed Embalmer No. *3989*

P. O. Address

St. Louis, Mo

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.