No. 2
12-45
17-39
X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11739

FILED MAR 24 1947

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 2450

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis, Mo. (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Infirmary Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4/4/40 to (Specify whether years, months or days)
In this community 3/9/47 41 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 5800 Arsenal St. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ZEMLICK, HARRY

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife (unk)

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

7. Birth date of deceased about 1905 (Month) (Day) (Year)

8. AGE: Years 41 Months ? Days If less than one day hr. min.

9. Birthplace ~~Russia~~ St. Louis, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Slaesman

11. Industry or business Bottling

FATHER
12. Name Will Zemlick
13. Birthplace Russia (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Pearl ?
15. Birthplace Russia (City, town, or county) (State or foreign country)

16. (a) Informant Infirmary Records
(b) Address 5800 Arsenal St.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 3/10/47 (Month) (Day) (Year)
(c) Place: burial or cremation Chesed Shel Emeth

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

19. (a) MAR 10 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 9 year 1947 hour 11 minute 10 A.M.

21. I hereby certify that I attended the deceased from 4/4/40, 19..., to March 9, 19 47 that I last saw her alive on March 9, 1947, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia - Parkinson's Disease, Post-encephalitis — Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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 John E. Nelson, M.D. (M. D. or other)
Address 5600 Arsenal Date signed 3/9/47

(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 Lewis L. Ludwig

Licensed Embalmer No. 4229

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.