

MISSOURI DEPARTMENT OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **40369**
Registrar's No. **10341**

FILED NOV 22 1947

Registration District No. **318**

Primary Registration District No. **1003**

1. PLACE OF DEATH: **318**
(a) County **St. Louis**
(b) City or town **St. Louis**
(c) Name of hospital or institution: **Jewish Hospital**
(d) Length of stay: In hospital or institution.....
In this community.....
years, months or days

2. USUAL RESIDENCE OF DECEASED: **1003**
(a) State **Missouri** (b) County..... **96**
(c) City or town **University City** **3**
(d) Street No. **730 Kingsland** **5**
(e) Citizen of foreign country?..... (Yes or No) **1**
If yes, name country.....

3. (a) PRINT FULL NAME **DAVID L. ZUCKER**
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 **Married**
6. (b) Name of husband or wife **Lillie Zucker**
6. (c) Age of husband or wife if alive **60** years
7. Birth date of deceased: **Unknown**
(Month) (Day) (Year)

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

9. Birthplace: **Russia**
(City, town, or county) (State or foreign country)

10. Usual occupation **Whole Manufacturer**

11. Industry or business **Caps**

12. Name **Unknown**

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

14. Maiden name **Unknown**

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

16. (a) Informant **Lillie Zucker**

(b) Address **730 Kingsland**

17. (a) **Burial** (b) Date thereof **11-10-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **B'nai Amoona Cem.**

18. (a) Signature of funeral director **Herman Buddeck**

(b) Address **5216 Delmar Blvd.**

19. (a) **NOV 10 1947** (b) **J. F. Buddeck**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov** day **9** year **1947** hour **8** minute **30** A.M.

21. I hereby certify that I attended the deceased from **Aug 10** 19**47** to **Nov 9** 19**47** that I last saw him alive on **Nov 8** 19**47** and that death occurred on the date and hour stated above.

Immediate cause of death: **Myocardial infarction acute recurrent**
Due to **Chronic coronary atherosclerosis, anginal syndrome**
Duration **3 mos.**
4 yrs

Other conditions: (Include pregnancy within 3 months of death) **9/11**

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?..... (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..... **0**

23. Signature **Jerome E Cook** (M. D. or other) **11/9/47**

Address **508 N. Grand** Date signed **11/9/47**

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

20
17
9

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.....

Rev Campbell
.....
Licensed Embalmer No. *3881*.....

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.