

Registration District No. 377

Primary Registration District No. 6576

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Beard airport Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: JEWISH SANATORIUM 0
(If outside city or town limits, write street number or location)
(d) Length of stay: In hospital or institution 2 months
(Specify whether years, months or days) 9 days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County 000
(c) City or town ST. LOUIS 17
(If outside city or town limits, write "RURAL")
(d) Street No. 5636 Wells 4
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME David F. Zurbelman

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 Mary 6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased Unknown
(Month) (Day) (Year)

8. AGE: Years abt 66 Months _____ Days _____ If less than one day hr. _____ min. _____

9. Birthplace Russia 6
(City, town, or county) (State or foreign country)

10. Usual occupation Grocery

11. Industry or business _____

12. Name Shmuel Zurbelman

13. Birthplace Russia 6
(City, town, or county) (State or foreign country)

14. Maiden name Shah 6

15. Birthplace Russia 6
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mary Zurbelman
(b) Address 5636 Wells St.

17. (a) Burial (b) Date thereof 2-24-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chapel Hill cemetery
18. (a) Signature of funeral director Overlander 3rd
(b) Address 5010 Euclid

19. (a) 2-23-48 (b) Beulah J. Harp
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 23 -
year 1948 hour 1:12 minute 45 P.M.

21. I hereby certify that I attended the deceased from December 24
1947 to February 23, 1948;
that I last saw him alive on February 23, 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of liver Duration 1 year

Due to _____
Due to 468

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? _____

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

23. Signature Beulah J. Harp (M. D. or other) _____
Address JEWISH SANATORIUM Date signed 2-23-48

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 *W. B. Gendler*.....

Licensed Embalmer No. *3669*.....

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.