

S. No. 300
M-10-47
v. 5-17-39
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED AUG 23 1948
Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003
Primary Registration District No. 1003

28370
State File No. _____
Registrar's No. 7077

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

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: Missouri Pacific Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 days (Specify whether
In this community 6 days
years, months or days)

3. (a) PRINT FULL NAME Erwin William Zweig
3. (b) If veteran, name war none
3. (c) Social Security No. 702 16 5089

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Ruby Stone
6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased March 2, 1902
(Month) (Day) (Year)

8. AGE: Years 46 Months 5 Days 9 If less than one day
hr. _____ min. _____

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

10. Usual occupation Brakeman

11. Industry or business Missouri Pacific Railroad

12. Name Fred Zweig

13. Birthplace Columbia, Illinois
(City, town, or county) (State or foreign country)

14. Maiden name Lena Ragh

15. Birthplace Sugarloaf Township, Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Fred Zweig
(b) Address E. Caro, Elett, Illinois

17. (a) Dupo, Illinois (b) Date thereof Aug. 12, 48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dupo, Illinois

18. (a) Signature of funeral director Harold A. Dasher

(b) Address Dupo, Illinois

19. (a) AUG 12 1948 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
Illinois St. Clair 999
(a) State (b) County
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 860 Jerome Lane, Centerville Township
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 12
year 1948 hour 1 minute 15 A.M.

21. I hereby certify that I attended the deceased from August 1
1948 to August 12 1948;
that I last saw him alive on August 11 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death
Cerebro-vascular accident

Due to _____
Due to _____

Other conditions Carcinoma of stomach
(Include pregnancy within 3 months of death)

Major findings: Pneumonia (l)
Of operations healed
Of autopsy same

Duration _____
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)
(c) Means of injury 0

23. Signature W. P. Elmer, M.D. (M. D. or other)
Address W. P. Elmer, Centerville Date signed 8/12/48

Warren P. Elmer

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.....

..... **Body not embalmed**, Registered Apprentice No.....

working under my personal supervision.

Signed..... *Harold A. Dastine*

Licensed Embalmer No.....

P. O. Address..... **Dupo, Illinois**

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.