No. 300
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 7 1948

Registration District No. 3487

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 28433.

Primary Registration District No. 2002

Registrar's No. 1981

1. PLACE OF DEATH:

(a) County: St Louis

(b) City or town: University City (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 6242 Cabanne (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community: 57 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County:

(c) City or town: University City (If outside city or town limits, write "RURAL")

(d) Street No.: 6242 Cabanne (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country:

3. (a) PRINT FULL NAME: MARY (aka Marie) ZIGEL

3. (b) If veteran, name war: No

3. (c) Social Security No.: No

4. Sex: female

5. Color or race: white

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

6. (b) Name of husband or wife: Jacob

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

7. Birth date of deceased: SUNKNOWNs (Month) Mo. (Day) (Year)

8. AGE: Years: ab. 57 Months: Days: If less than one day: hr. min.

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

10. Usual occupation: at home

11. Industry or business:

FATHER 12. Name: Jacob Tuvil

FATHER 13. Birthplace: (City, town, or county) USSR (State or foreign country)

MOTHER 14. Maiden name: Frieda (unk)

MOTHER 15. Birthplace: (City, town, or county) USSR (State or foreign country)

16. (a) Informant: Mrs. F. Rosen

(b) Address: 6311 Clemens

17. (a) burial (Burial, cremation, or removal) (b) Date thereof: 8.24/48 (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) 8-23-48 (Date received local registrar) (b) Emil A. Schaefer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Aug. day: 22 year: 1948 hour: 6 minute: 00 A.M.

21. I hereby certify that I attended the deceased from NOVEMBER, 1946 to AUGUST, 1948 that I last saw her alive on August 2, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary artery disease	yrs
Arteriosclerosis general	yrs
Due to: Hypertension 9-4-6	yrs
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: Max L. Franklin (M. D.)

Address: 634 N. Grand Date signed: 8/23/48

(Licensed Embalmer's Statement on Reverse Side)

JUL 14 1949

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.....

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.