FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 8 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 38840

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 10393

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: 1461 Laurel
(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: 28 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County: OUV

(c) City or town: St. Louis (If outside city or town limits, write "RURAL") 11

(d) Street No.: 1461 Laurel (If rural, give location) 9

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

If yes, name country

3. (a) PRINT FULL NAME: ETHEL ZAVODNICK

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex: Female

5. Color or race: White

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

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

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

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

8. AGE: Years: ab. 56 | Months | Days | If less than one day: hr. min.

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

10. Usual occupation: Housewife

11. Industry or business:

FATHER
12. Name: Wolf Finkelstein
13. Birthplace (City, town, or county) (State or foreign country): Russia

MOTHER
14. Maiden name: Annie (Unk)
15. Birthplace (City, town, or county) (State or foreign country): Russia

16. (a) Informant: Mr. H. Zavodnick
(b) Address: 1461 Laurel

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12/1/48 (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) NOV 30 1948 (Date received local registrar) (b) J. B. Lasater (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Nov. day: 30 year: 1948 hour: 8 AM minute: A.M.

21. I hereby certify that I attended the deceased from Jan 15, 1948, to Nov. 30, 1948, that I last saw her alive on Nov. 15, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Ventricular Fibrillation	—
Due to: Hypertensive Heart Disease	15 yr.
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations:
Of autopsy:

PHYSICIAN — Underline the cause of 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: Albert Kaplan (M. D. or other)
Address: 607 N. Grand Date signed: 11-30-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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.....

Licensed Embalmer No. 4529

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.