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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED DEC 31 1948**

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **42028**  
Registrar's No. **2852-48**

Registration District No. **317** Primary Registration District No. **2002**

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

**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:  
6820 Delmar Blvd.,  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME IDA M. ZWICK.  
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 Gus Zwick. 6. (c) Age of husband or wife if alive Dec'd. years  
7. Birth date of deceased May 13, 1857.  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
91. 6. 24. hr. min.

9. Birthplace New York City, New York.  
(City, town, or county) (State or foreign country)

10. Usual occupation At Home.

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Lionel Townsend.

13. Birthplace New York.  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown.

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

16. (a) Informant Mrs Fred G. Quinn.

(b) Address 6649 University Drive,

17. (a) Interment. (b) Date thereof 12/9/48.  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery.

18. (a) Signature of funeral director C.R. Lupton & Sons.

(b) Address 7233 Delmar Blvd.

19. (a) 12-8-48 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State Missouri (b) County St. Louis  
(c) City or town University City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 6820 Delmar Blvd.,  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Dec. day 7  
year 1948 hour 5:15 minute P. M.

21. I hereby certify that I attended the deceased from December 1st 1948, to December 7th 1948; that I last saw her alive on December 7th 1948; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary embolism  
Chronic myo carditis  
Due to Senility

Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury 0

23. Signature [Signature] (M. D. or other) \_\_\_\_\_  
Address 6677 Belmont E. Date signed 12/9/48

Duration 6 days  
**PHYSICIAN**  
Underline the cause to which death should be charged statistically.

0071  
C.H. 0521  
W. E. ...

**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 Clarence H. Murray  
Licensed Embalmer No. 4011  
P. O. Address St. Louis, Mo.

**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.**

3-9-41