

S. No. 300
V. 10.48

FILED AUG 5 1949
#99935

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
318

State File No. 25439
Registrar's No. 6529

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO. 1003	
1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY St. Louis		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Missouri		c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN University City		d. STREET ADDRESS (If rural, give location) V.R. - 520 Midvale
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital #1			4. DATE OF DEATH (Month) (Day) (Year) July 27th, 1949		
3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM b. (Middle) ZAVODNICK c. (Last)			5. SEX Male		
6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 27, 1913		9. AGE (In years last birthday) 30
10a. USUAL OCCUPATION (Give kind of work or profession, most of working life, even if retired) Contractor		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Russia		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Harry Zavodnick		13b. MOTHER'S MAIDEN NAME Ethel Finfelstein	14. NAME OF HUSBAND OR WIFE Tobey		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, give war or dates of service) NO		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Tobey Zavodnick 520 Midvale		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Cardiac Decompensation ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Schizophrenic excitement DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 950		21f. HOW DID INJURY OCCUR? H2H3
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
22. I hereby certify that I attended the deceased from 7/25/49, 19, to 7/27/49, 19, that I last saw the deceased alive on 7/27/49, 19, and that death occurred at 12:00 PM from the causes and on the date stated above.					
23a. SIGNATURE (Name or title) Joseph J. Muenkel, M.D.		23b. ADDRESS 1515 Lafayette Ave.,		23c. DATE SIGNED 7/27/49	
24a. BURIAL (CREMATION) REMOVAL (Specify) Burial		24b. DATE 7/29/49	24c. NAME OF CEMETERY OR CREMATORY Chesed Shel Meth	24d. LOCATION (City, town, or county) (State) University City Mo	
DATE REC'D BY LOCAL REG. JUL 28 1949		REGISTRAR'S SIGNATURE J B Lasater		FEDERAL DIRECTOR'S SIGNATURE Berger Memorial 4715 McPherson	

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed *Thurs A. Ruding* _____

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.