

FILED NOV 3 1950

STANDARD CERTIFICATE OF DEATH

35502

State File No.

318

1003

Registrar's No. 9051

| | | | | | | | |
|---|--|---|---|--|---|--|-----------------------------|
| BIRTH NO. _____ | | REG. DIST. NO. _____ | | PRIMARY REG. DIST. NO. _____ | | Registrar's No. _____ | |
| 1. PLACE OF DEATH a. COUNTY _____ | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY _____ | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS MO</u> | | c. LENGTH OF STAY (In this place) _____ | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS 717A</u> | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. ANTHONY HOSPITAL</u> | | | | STREET ADDRESS (If rural, give location) <u>2709 - MICHIGAN</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>TILLIE</u> | | b. (Middle) <u>A.</u> | | c. (Last) <u>ZINBER</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>OCT. 23 1950</u> | |
| 5. SEX <u>FEMALE</u> | 6. COLOR OR RACE <u>WHITE</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u> | | 8. DATE OF BIRTH <u>MAR. 28, 1878</u> | | 9. AGE (In years last birthday) <u>72</u> | IF UNDER 1 YEAR Months Days |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>AT HOME</u> | | 11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u> | | | 12. CITIZEN OF WHAT COUNTRY? _____ | |
| 13a. FATHER'S NAME <u>WILLIAM OTTO</u> | | 13b. MOTHER'S MAIDEN NAME <u>CAROLINE LANGENDORFER</u> | | 14. NAME OF HUSBAND OR WIFE <u>LOUIS ZINBER</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ | | 16. SOCIAL SECURITY NO. _____ | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>LOUIS ZINBER 2909 - MICHIGAN</u> | | | |
| 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) <u>Myocardial Infarction</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerotic coronary thrombosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Cholelithiasis</u> | | | | INTERVAL BETWEEN ONSET AND DEATH <u>6 weeks</u> | |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION _____ | | | | 20. AUTOPSY? YES <input checked="" 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) _____ | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? <u>H²O</u> | | | |
| 22. I hereby certify that I attended the deceased from <u>Jan</u> , 1948, to <u>Oct 23</u> , 1950, that I last saw the deceased alive on <u>Oct 23</u> , 1950, and that death occurred at <u>5:15 P. m.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>Kenneth T. Martindale, MD</u> | | | | 23b. ADDRESS <u>5203 Chippewa</u> | | 23c. DATE SIGNED <u>10-23-50</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | | 24b. DATE <u>OCT. 26 1950</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>RESURRECTION CEM.</u> | | 24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS MO</u> | | |
| DATE REC'D BY LOCAL REG. <u>OCT 25 1950</u> | | REGISTRAR'S SIGNATURE <u>J. B. Casater</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Thomas Kutis 2906 Gravois</u> | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

Embalmer's Name and Address

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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

Signed _____
Student Embalmer

Licensed Embalmer No.

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.