

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**23260**  
State File No. ....  
**5585**

**FILED JUN 20 1953**

**318**

**1003**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. \_\_\_\_\_ PRIMARY REG. DIST. NO. \_\_\_\_\_ Registrar's No. \_\_\_\_\_

<b>1. PLACE OF DEATH</b> a. COUNTY		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution? residence before admission). a. STATE <b>Illinois</b> b. COUNTY <b>MADISON</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>ST. LOUIS</b>	c. LENGTH OF STAY (in this place) <b>9 DAYS</b>	c. CITY (If outside corporate limits, write RURAL and give township) <b>GRANITE CITY 120</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Jewish Hosp</b>		d. STREET ADDRESS (If rural, give location) <b>2635 EDISON 8</b>	

<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <b>FRANK</b> b. (Middle) <b>ZIMRING</b> c. (Last)			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>June 4, 1953</b>		
<b>5. SEX</b> <b>Male</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>Married</b>	<b>8. DATE OF BIRTH</b> <b>Dec. 1, 1893</b>		<b>9. AGE</b> (In years last birthday) <b>59</b> IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>merchant</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>Wholesale Tobacco</b>	<b>11. BIRTHPLACE</b> (State or foreign country) <b>USSR</b>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>USA</b>

<b>13a. FATHER'S NAME</b> <b>PALUS ZIMRING</b>	<b>13b. MOTHER'S MAIDEN NAME</b> <b>HANNA (UNK)</b>	<b>14. NAME OF HUSBAND OR WIFE</b> <b>SADIE</b>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <b>no.</b>	<b>16. SOCIAL SECURITY NO.</b> <b>UNK</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>MR. FRANK ZIMRING</b>	<b>ADDRESS</b> <b>2635 EDISON</b>
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<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <b>10 days</b>  <b>years -</b>
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Acute myocardial Infarction</b>		
	<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>DUE TO (b) Arteriosclerosis, general</b> <b>DUE TO (c)</b>		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death. <b>Asthmatic Bronchitis</b>			<b>years -</b>

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (Min.)	<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> <b>NOT WHILE AT WORK</b> <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b> <b>4201</b>

**22. I hereby certify that I attended the deceased from** MARCH, 1947, to June 4, 1953, that I last saw the deceased alive on June 4, 1953, and that death occurred at 2:45 p.m., from the causes and on the date stated above.

<b>23a. SIGNATURE</b> <i>Levellyn Sale, Jr.</i>	(Degree or title) <b>M.D.</b>	<b>23b. ADDRESS</b> <b>4500 Olive</b>	<b>23c. DATE SIGNED</b> <b>6/4/53</b>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Removal</b>	<b>24b. DATE</b> <b>6/5/53</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Chesed Shel Emeth</b>	<b>24d. LOCATION</b> (City, town, or county) (State) <b>University City MO</b>
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<b>DATE REC'D BY LOCAL REG.</b> <b>JUN 5 1953</b>	<b>REGISTRAR'S SIGNATURE</b> <i>J. C. Smith</i>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <i>Mr. Dergin</i>	<b>ADDRESS</b> <b>4715 Madison</b>
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(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.....

.....  
working under my personal supervision.

Signed.....

*Alvin P. Puckering*

Student Embalmer No.....

Signed.....  
Student Embalmer

Licensed Embalmer No. *7229*

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.