

FILED NOV 1 - 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33155

State File No.

BIRTH NO.		REG. DIST. NO. 42		PRIMARY REG. DIST. NO. 1000		Registrar's No. 1118	
1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. LENGTH OF STAY (In this place) 32 yrs		c. CITY OR TOWN St. Joseph		d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Methodist Hospital				e. STREET ADDRESS (If rural, give location) 1502 S. 33rd Street			
3. NAME OF DECEASED (Type or Print)		a. (First) Joseph		b. (Middle) M.		c. (Last) Zidell	
4. DATE OF DEATH		(Month) (Day) (Year)		October 20, 1954			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Sept. 1, 1891		9. AGE (In years last birthday) 63	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sec'y & Treas		10b. KIND OF BUSINESS OR INDUSTRY Oil Home and Gas Corp.		11. BIRTHPLACE (City and State or Foreign Country) Russia		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME D. M. Zidell		13b. MOTHER'S MAIDEN NAME Mary Ellen Gitlitz		14. NAME OF HUSBAND OR WIFE Rose Zidell			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. 491-09-3611		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Rose Zidell St. Joseph, Mo.			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Subdural Hematoma & drainage & subsequent brain abscess & drainage & resultant brain damage DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertensive Encephalopathy INTERVAL BETWEEN ONSET AND DEATH 1 1/2 hrs. 1 1/2 years 2 years				20. AUTOPSY? YES ☐ NO ☒	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 331X					
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) m.		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 2-18, 1949, to 10-20, 1954, that I last saw the deceased alive on 10-20, 1954, and that death occurred at 2:00 p.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Iris Rosenthal M.D.		23b. ADDRESS St. Joseph, Mo.		23c. DATE SIGNED 10-21-54			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Oct. 21, 1954		24c. NAME OF CEMETERY OR CREMATORY B'nai Yaakov Cemetery		24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri	
DATE REC'D BY LOCAL REG. Oct 28, 1954		REGISTRAR'S SIGNATURE Evelyn M. Allison		25. FUNERAL DIRECTOR'S SIGNATURE Muenchhoff - Telleman		ADDRESS St. Joseph, Mo.	

(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 Student Embalmer No.
working under my personal supervision..

Student
Signature of Student Embalmer

Signed *Albert R. Livingston*
Licensed Embalmer No. 3258.

P. O. Address St. Joseph.

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.