

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-008987

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2268 STATE FILE NUMBER

**FILED MAR 7 1962**

1. PLACE OF DEATH  
 a. COUNTY St. Louis  
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis Length of stay in 1b 3 mos.  
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. John's Inside Limits Yes  No   
 d. STREET ADDRESS (If outside, give location) 9447 LaJolla Reside on Farm Yes  No

3. NAME OF DECEASED First Middle Last 4. DATE OF DEATH Month Day Year  
SYLVIA ZASSLOW February 25, 1962

5. SEX Female 6. COLOR OR RACE White 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH 11/29/24 9. AGE (last birthday) 37  
 IF UNDER 1 YEAR IF UNDER 24 HR  
 Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 10b. KIND OF BUSINESS OR INDUSTRY At Home 11. BIRTHPLACE (City and state or country) St. Louis, Missouri 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Meyer Bronson 13b. MOTHER'S MAIDEN NAME Lena Schuman 14. NAME OF HUSBAND OR WIFE Milton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) No (If yes, give war or dates of service) None 16. SOCIAL SECURITY NO. 17. INFORMANT Milton Zasslow Address 9447 La Jolla

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  
 PART I. DEATH WAS CAUSED BY:  
 IMMEDIATE CAUSE (a) Generalized CARCINOMATOUS  
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) CARCINOMA OF Right Ovary  
 (ORIGINAL LESION)  
 DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 175.0  
 PART III. If deceased was female was there a pregnancy in last 90 days.  
 Yes  No  Unknown

19. WAS AUTOPSY PERFORMED? YES  NO  20a. ACCIDENT  SUICIDE  HOMICIDE  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour : a.m. p.m. Month, Day, Year  
 20d. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Aug 1st - 1961 to Feb. 25th and last saw her/him alive on Feb 25th - 1962  
 Death occurred at 7:30 PM - Feb. 25 - 62 m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) John B. O'Neal M.D. 22b. ADDRESS 634 North Grand 22c. DATE SIGNED 2/26/62

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal 23b. DATE 2/27/1962 23c. NAME OF CEMETERY OR CREMATORY Chesed Shel Emeth 23d. LOCATION (City, town, or county) (State) University City, Missouri

24. FUNERAL DIRECTOR Berger Memorial ADDRESS 4715 McPherson Avenue 25. DATE RECD. BY LOCAL REG. FEB 26 1962 26. REGISTRAR'S SIGNATURE Earl Smith, M.D.

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DATE AMENDED  
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
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 DOCUMENT  
 MEDICAL CERTIFICATION  
 BY AFFIDAVIT OF  
 ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

**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 *Andrew J. Davis*

Licensed Embalmer No. 3988

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.