

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

25139

**1. PLACE OF DEATH**

County ..... Registration District No. 791  
1003  
Township ..... Primary Registration District No. ....  
City St. Louis (No. St. Mary's Infirmary) St. .... Ward)

File No. ....  
Registered No. 7344  
St. .... Ward)

**2. FULL NAME**

(a) Residence. No. 2834 Eads Ave. St. 23 Ward. ....  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>widowed</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 8 - 1892

7. AGE	YEARS	MONTHS	DAY	IF LESS than 1 day, ..... hrs. or ..... min.
	<u>38</u>	<u>1</u>	<u>13</u>	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work. Scientist  
(b) General nature of industry, business, or establishment in which employed (or employer) Red Diamond O.C.  
(c) Name of employer

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY) Missouri

10. NAME OF FATHER Albert Zolman

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Missouri

12. MAIDEN NAME OF MOTHER unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) unknown

14. INFORMANT Glen Zolman  
(Address) 2834 Eads Ave.

15. JUL 22 1935 FILED Wm. C. Sturdivant REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 21 19 30

17. I HEREBY CERTIFY, That I attended deceased from 6/23/30 19... to 7/21/30 19... that I last saw h. .... alive on 7/21/30 19... and that death occurred, on the date stated above, at 5:35 P. m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Paralytic ileus  
122 B  
HBC

(duration) yrs. mos. ds.  
CONTRIBUTORY Acute dilatation of stomach  
(SECONDARY) (duration) yrs. mos. ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? yes DATE OF 7/2/30

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS yes

(Signed) Warren T. Harston, M. D.

7/22 1930 (Address) 7536 Papin St.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

**19. PLACE OF BURIAL, CREMATION, OR REMOVAL**

Calvary Cemetery DATE OF BURIAL July 24, 30

20. UNDERTAKER Petz Bros. 3024 Lafayette ADDRESS

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

