

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

7691
Do not use this space.

REC'D MAR 23 1939

1. PLACE OF DEATH

(a) County St. Francois Registration District No. 773
 (b) Township St. Francois Primary Registration District No. 6018A Registered No. 14
 (c) City Farmington (d) Street No. State Hospital No 4 St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

645 Pete Zarlenski
 (a) Residence, No. Deleone, Mo. St.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Unknown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
51 Unknown Unknown

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Unknown
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Austria

FATHER 13. NAME Pete Zarlenski

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Austria

MOTHER 15. MAIDEN NAME Mary Redlawaka

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Austria

17. INFORMANT Records of State Hospt. #4
 (ADDRESS) Farmington, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE State Hospt. #4 DATE Feb. 3rd 1939
Cemetery

19. FUNERAL DIRECTOR (NAME) Coscan Undertaking Co.
 (ADDRESS) Farmington, Missouri

20. FILED Feb 2 1939 V. J. Robinson
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-1, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan. 28th, 1939, to Feb. 1st, 1939

I last saw him alive on 2-1-39, 1939. Death is said to have occurred on the date stated above, at 10:40 P.M.

The principal cause of death and related causes of importance were as follows:

Cerebral air embolism Date of onset unknown
Psychosis (excitement)
of unknown origin with terminal
air embolism pneumonia 2 or 3 ds

Other contributory causes of importance: Ch alcoholism 108 unknown

Name of operation None Date of None
 What test confirmed diagnosis Alim + Lab Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? None Date of injury None, 19
 Where did injury occur? None
 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None
 Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify None

(Signed) [Signature] M. D.
 (Address) 1939

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.

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,

C. H. Cozear

....., or by

Registered Apprentice No., working under my personal supervision.

Signed.....

C. H. Cozear

Licensed Embalmer No.

4084

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, above space should be left blank.