. No. 2
—1-4-41
5-17-39
PI X28390

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 11 1941

Registration District No. 895

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6197

State File No. 39770

Registrar's No. 11

1. PLACE OF DEATH:

(a) County Wayne

(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Mill Spring V.P.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 (Specify whether
In this community ✓ 3
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Wayne 000

(c) City or town St Louis Mo 17
(If outside city or town limits, write "RURAL")

(d) Street No. 2312 Mullanphy 9
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country 1

3. (a) PRINT FULL NAME LEO ZEGARSKI

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased ~~Feb 4~~ Sept 21 1941
(Month) (Day) (Year)

8. AGE: Years 14 Months 1 Days 11 If less than one day hr. min.

9. Birthplace St Louis (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Student

11. Industry or business ✓

FATHER
12. Name Leo ZEGARSKI
13. Birthplace St Louis (City, town, or county) Mo 0 (State or foreign country)

MOTHER
14. Maiden name Helen Punchowsky
15. Birthplace (City, town, or county) Poland 4 (State or foreign country)

16. (a) Informant Leo Zegarski
(b) Address 2312 Mullanphy

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Nov 3 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cem

18. (a) Signature of funeral director Mugiot
(b) Address Piedmont Mo

19. (a) Nov 3 '41 (Date received local registrar) (b) Helen Henson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2, day Nov 2 Monday
year 1941 hour Unknown minute — M.

21. I hereby certify that I attended the deceased from —
—, 19__, to —, 19__;
that I last saw h— alive on —, 19__;
and that death occurred on the date and hour stated above.

Immediate cause of death Carbon Monoxide Asphyxiation in Automobile

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy No Autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accidental

(b) Date of occurrence 11-2-1941 111

(c) Where did injury occur? Near Mill Spring, Mo. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? On Public Road, (Specify type of place)

While at work? (e) Means of injury 2

23. Signature T. C. Giles Coroner (M. D. or other)

Address Piedmont Mo Date signed 11-2-41

971

(Licensed Embalmer's Statement on Reverse Side)

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 me

, Registered Apprentice No.

working under my personal supervision.

Signed Norman W. Gish

Licensed Embalmer No. 3387

P. O. Address Piedmont Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

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