

FILED NOV 25 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **39477**  
**9973**

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo</b> b. COUNTY _____				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		_____		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1108 Lafayette</b>				d. STREET ADDRESS (If rural, give location) <b>23 1108 Lafayette</b>				
3. NAME OF DECEASED a. (First) <b>Mary</b> (Type or Print)			b. (Middle) _____		c. (Last) <b>Zelenka</b>		4. DATE OF DEATH (Month) <b>11</b> (Day) <b>17</b> (Year) <b>49</b>	
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>1857 abt 92</b>		
9. AGE (In years last birthday) _____		IF UNDER 1 YEAR Months _____		IF UNDER 1 YEAR Days _____		IF UNDER 24 HRS. Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housework</b>				10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <b>Czechoslovakia</b>		
12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>				13a. FATHER'S NAME <b>Unknown</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		
14. NAME OF HUSBAND OR WIFE <b>William (Deceased)</b>				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> (If yes, give war or dates of service)				
16. SOCIAL SECURITY NO. _____				17. INFORMANT'S SIGNATURE OR NAME <b>Charles Jelenky</b> ADDRESS <b>1911 Geyer</b>				
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocarditis chronic</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Pyelitis</b> DUE TO (c) <b>osteo-arthritis</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Infermities of age</b>				INTERVAL BETWEEN ONSET AND DEATH <b>10 yrs</b> <b>3 yrs</b> <b>10 yrs</b>		
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
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) <b>Mo</b>		_____		
21d. TIME OF INJURY (Month) _____ (Day) _____ (Year) _____ (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>72</b>				
22. I hereby certify that I attended the deceased from <b>Jan 1948</b> , to <b>Nov 17, 1949</b> , that I last saw the deceased alive on _____, 19____, and that death occurred at <b>6:45 p.m.</b> , from the causes and on the date stated above.								
23a. SIGNATURE <b>Edward H. Hamill M.D.</b> (Degree or title)				23b. ADDRESS <b>1504 So Grand</b>		23c. DATE SIGNED <b>11/18/49</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>11-19-49</b>		24c. NAME OF CEMETERY OR CREMATORY <b>New Picker</b>		24d. LOCATION (City, town, or county) <b>St. Louis</b> (State) <b>Mo</b>		
DATE REC'D BY LOCAL REGISTRY <b>NOV 18 1949</b>		REGISTRAR'S SIGNATURE <b>J B Baseler</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Wynell Funeral Home</b>		ADDRESS <b>1926 Allen</b>		

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 me

Student Embalmer No. ....

working under my personal supervision.

Signed Dale A. Starnam

Student .....  
Student Embalmer

Licensed Embalmer No. 4533

P. O. Address 1926 Allen

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, fact should be so stated above.