

FILED JUL 31 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26520
Registrar's No. 6809

BIRTH NO. 57168 REG. DIST. NO. PRIMARY REG. DIST. NO. Registrar's No. 6809

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri, b. COUNTY 2159	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, 0		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION Booth Memorial Hospital,		d. STREET ADDRESS (If rural, give location) 2710 Osceola St.,	

3. NAME OF DECEASED (Type or Print)	a. (First) Infant Richard	b. (Middle) Joseph	c. (Last) Zielinski,	4. DATE OF DEATH (Month) (Day) (Year) July 13, 1952,
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5. SEX Male, 0	6. COLOR OR RACE White,	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single,	8. DATE OF BIRTH July 12, 1952	9. AGE (In years last birthday) 0	# UNDER 1 YEAR Months 0	# UNDER 1 YEAR Days 1	# UNDER 1 YEAR Hours 10	# UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant,	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) St. Louis, Missouri, 0	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Paul J. Zielinski,	13b. MOTHER'S MAIDEN NAME Bernice M. Bridges,	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Paul J. Zielinski, 2710 Osceola St.,	ADDRESS
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH several days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Atelectasis (Pulmonary)		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) Prematurity		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 7625
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22. I hereby certify that I attended the deceased from July 12, 1952, to July 13, 1952, that I last saw the deceased alive on July 13, 1952, and that death occurred at 3:00 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) J. Resnikoff M.D.	23b. ADDRESS 3612 Jefferson	23c. DATE SIGNED 7-14-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7/14/52	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis, Mo.
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE JUL 14 1952 J. Carl Smith	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Gebken-Benz Mortuary, 2842 Meramec St.,
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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

working under my personal supervision.

Student Embalmer No.

Signed Joe B. Benz

Signed.....

Student Embalmer

Licensed Embalmer No. 4249

*****NO EMBALMING*****

P. O. Address 2842 Meramec St.,
St. Louis, 18, Mo.

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.