No. 300
10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30226

FILED AUG 15 1952

BIRTH NO. 57167 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 7292

1. PLACE OF DEATH
a. COUNTY: O
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis, Missouri
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Louis City Hospital #1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri,
b. COUNTY: 2154
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis, O
d. STREET ADDRESS (If rural, give location): 2710 Osceola St.,

3. NAME OF DECEASED (Type or Print)
a. (First): ROBERT
b. (Middle):
c. (Last): ZIELIENSKI

4. DATE OF DEATH (Month) (Day) (Year): JULY 29, 1952

5. SEX: Male. O

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single. O

8. DATE OF BIRTH: July 12, 1952

9. AGE (In years last birthday): -0-
If under 1 year: Months -0- Days 17
If under 24 hrs.: Hours Min.

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 (City and State or Foreign Country): St. Louis, Missouri. O

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Paul J. Zielinsli,

13b. MOTHER'S MAIDEN NAME: Bernice M. Zielinski,

14. NAME OF HUSBAND OR WIFE: ----------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S SIGNATURE OR NAME: Paul J. Zielinski, ADDRESS: 2710 Osceola St.,

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Immaturity — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Premature

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

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):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?: 7.76X

22. *I hereby certify that I attended the deceased from* 7-16-52, *19*____, *to* 7-29-52, *19*____, *that I last saw the deceased alive on* 7-29-52, *19*____, *and that death occurred at* 5:15A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Homer H. Hanson, M.D.

23b. ADDRESS: 1515 Lafayette Avenue

23c. DATE SIGNED: 7-29-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial, O

24b. DATE: 7/30/52

24c. NAME OF CEMETERY OR CREMATORY: Calvary Cemetery,

24d. LOCATION (City, town, or county) (State): St. Louis, Mo.

DATE REC'D BY LOCAL REG.: JUL 30 1952

REGISTRAR'S SIGNATURE: J. Earl Smith M.D. S.P.

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Gebken-Benz Mortuary, 2842 Meramec St., ~~St. Louis, 18, Mo.~~

(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 _____

_____, Student Embalmer No. _____,

working under my personal supervision.

Student _____
Student Embalmer

Signed Joe B. Berg

Licensed Embalmer No. 4249

******** N O E M B A L M I N G ********

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.