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FILED MAY 20 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

17350  
State File No. 4281  
1003 Registrar's No.

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH  
a. COUNTY

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo. c. LENGTH OF STAY (In this place) d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION: Inroute City Hospital e. STREET ADDRESS (If rural, give location) 28 Unknown 22890

3. NAME OF DECEASED a. (First) Elmer b. (Middle) c. (Last) Zamiska 4. DATE OF DEATH (Month) (Day) (Year) May 10, 1954.

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Divorced 8. DATE OF BIRTH June 22, 1914 9. AGE (In years last birthday) 39

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None 10b. KIND OF BUSINESS OR INDUSTRY None. 11. BIRTHPLACE (City and State or Foreign Country) Ohio 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Charles Zamiska 13b. MOTHER'S MAIDEN NAME Caroline Horansky 14. NAME OF HUSBAND OR WIFE Unknown.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes W. W. 2 16. SOCIAL SECURITY NO. unknown 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Charles Zamiska, Rt. 1, Rock Creek, Ohio

18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION Ohio INTERVAL BETWEEN ONSET AND DEATH  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Oedema of Brain  
ANTECEDENT CAUSES Pulmonary Congestion  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)  
Cardiac Hypertrophy  
DUE TO (c) Cirrhosis of Liver  
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) 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? 4343

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_, \_\_\_\_\_, m., from the causes and on the date stated above.

23a. SIGNATURE Cateck Taylor Curran (degree or title) 23b. ADDRESS 1500 Clark 23c. DATE SIGNED 5-12-54

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 24b. DATE 5-12-54 24c. NAME OF CEMETERY OR CREMATORY Local 24d. LOCATION (City, town, or county) (State) Cleveland, Ohio,

DATE REC'D BY LOCAL REG. MAY 12 1954 REGISTRAR'S SIGNATURE J. Carl Smith MD 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe 4700 Washington.

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

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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.....  
Signature of Student Embalmer

Signed *Robert M. Murre*  
3749  
Licensed Embalmer No.....

P. O. Address *St. Louis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.