

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 543 Registrar's No. 369

1. PLACE OF DEATH a. COUNTY St. Louis 1

2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis

b. CITY OR TOWN Jennings c. LENGTH OF STAY (in this place) 2 1/2

c. CITY OR TOWN Jennings 4028 d. Is Residence within limits of a city or incorporated town? Yes [X] No []

d. FULL NAME OF HOSPITAL OR INSTITUTION 9451 Bagley Dr

e. STREET ADDRESS (If rural, give location) 9451 Bagley Dr

3. NAME OF DECEASED a. (First) James b. (Middle) Michael c. (Last) Zelenak

4. DATE OF DEATH (Month) (Day) (Year) Feb. 11 1955

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married

8. DATE OF BIRTH Mar. 28 1952

9. AGE (In years last birthday) 2 10. UNDER 1 YEAR Months 11. UNDER 1 HR. Hours 12. MIN. Min.

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) St. Louis Mo. 6

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

13a. FATHER'S NAME Cecard Zelenak

13b. MOTHER'S MAIDEN NAME Mary Jean Barry

14. NAME OF HUSBAND OR WIFE None

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 ADDRESS Cecard Zelenak 9451 Bagley

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) Acute Interstitial Pneumonia ANTECEDENT CAUSES DUE TO (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH 1 1/2

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 492X

20. AUTOPSY? YES [] NO [X]

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?

22. I hereby certify that I attended the deceased from April 1952, to Feb. 11, 1955, that I last saw the deceased alive on Feb. 9, 1955, and that death occurred at 5 P.M., from the causes and on the date stated above.

23a. SIGNATURE N. J. Houch MD (Degree or title)

23b. ADDRESS 8902 Riverview

23c. DATE SIGNED 2-12-55

24a. DATE 2-14-55

24b. NAME OF CEMETERY OR CREMATORY Calvary Cemetery

24c. LOCATION (City, town, or county) St. Louis Mo.

24d. (State)

DATE REC'D BY LOCAL REG. 2-12-55

REGISTRAR'S SIGNATURE Hubert R. Donke M.D.

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS John Hoyer 5541 Riverview

(Licensed Embalmer's Statement on Reverse Side)

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, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *J. W. Rister*.....

Licensed Embalmer No. *398*

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.**