

FILED NOV 15 1955

STANDARD CERTIFICATE OF DEATH

State File No. 35312
9422

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|--|--|--|------------------------------------|---|---|---|--|---|--|
| BIRTH NO. | | REG. DIST. NO. 318 | | PRIMARY REG. DIST. NO. 1003 | | Registrar's No. | | | |
| 1. PLACE OF DEATH a. COUNTY | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri | | | | b. COUNTY | |
| b. CITY (If outside corporate limits, write RURAL and give township) St. Louis | | c. LENGTH OF STAY (in this place) 4mo 27da | | c. CITY OR TOWN St. Louis | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis Chronic Hospital | | | | e. STREET ADDRESS (If rural, give location) 13 5800 Arsenal St. | | | | 21370 | |
| 3. NAME OF DECEASED (Type or Print) a. (First) John | | | b. (Middle) | | | c. (Last) Zielinski | | | |
| 4. DATE OF DEATH (Month) (Day) (Year) 10 27 1955 | | 5. SEX M <input type="checkbox"/> F <input type="checkbox"/> | | 6. COLOR OR RACE W <input type="checkbox"/> O <input type="checkbox"/> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | | 8. DATE OF BIRTH 3/16/1864 | |
| 9. AGE (In years last birthday) 91 | | 10. USUAL OCCUPATION (Give kind of work doing most of working life, even if retired) Unemployed | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and State or Foreign Country) Poland | | 12. CITIZEN OF WHAT COUNTRY? USA | |
| 13a. FATHER'S NAME Mike Zielinski | | | 13b. MOTHER'S MAIDEN NAME Julia | | | 14. NAME OF HUSBAND OR WIFE Thekla Zielinski | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | 16. SOCIAL SECURITY NO. | | 17. INFORMANT'S SIGNATURE OR NAME Mrs. H. Huenergardt | | | | ADDRESS 3417 Winnebago | |
| 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, ashenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Anterior electric Heart Disease | | | | | | INTERVAL BETWEEN ONSET AND DEATH 40 | |
| | | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) | | | | | | | |
| | | DUE TO (c) | | | | | | | |
| | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cerebral arteriosclerosis | | | | | | yes | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION 420.0 | | | | | | 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) | | | | | |
| 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? | | | | | |
| 22. I hereby certify that I attended the deceased from 5/31, 1955, to 10/27, 1955, that I last saw the deceased alive on 10/27, 1955, and that death occurred at 2:10 P.M., from the causes and on the date stated above. | | | | | | | | | |
| 23a. SIGNATURE George M. Janaka, M.D. | | | | (Degree or title) | | 23b. ADDRESS 5600 Arsenal | | 23c. DATE SIGNED Oct. 27, 1955 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) | | 24b. DATE 10-31-55 | | 24c. NAME OF CEMETERY OR CREMATORY Calvary | | 24d. LOCATION (City, town, or county) (State) St. Louis, Mo. | | | |
| DATE REC'D BY LOCAL REG. OCT 28 1955 | | REGISTRAR'S SIGNATURE J. Carl Smith | | | 25. FUNERAL DIRECTOR'S SIGNATURE Emmental Funeral Home 1841 Cass Ave | | | | |

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

(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.....
Signature of Student Embalmer

Signed.....
J. W. Rister

Licensed Embalmer No. 3980

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.