

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED FEB 25 1957

State File No. **6789**  
Registrar's No. **1299**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH  
a. COUNTY \_\_\_\_\_ 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
a. STATE **Mo.** b. COUNTY \_\_\_\_\_

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis** c. LENGTH OF STAY (in this place) **13 yrs.** c. CITY OR TOWN **St. Louis** d. Is Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION **St. Louis Chronic Hosp.** e. STREET ADDRESS (If rural, give location) **237 2122 Geyer**

3. NAME OF DECEASED a. (First) **Bernard** b. (Middle) \_\_\_\_\_ c. (Last) **Zambrzusi** 4. DATE OF DEATH (Month) (Day) (Year) **2 7 1957**

5. SEX **male** 6. COLOR OR RACE **white** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Single** 8. DATE OF BIRTH **June 1909** 9. AGE (in years) (last birthday) **47** IF UNDER 1 YEAR: Days \_\_\_\_\_ Hours \_\_\_\_\_ Min. \_\_\_\_\_

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Machinist** 10b. KIND OF BUSINESS OR INDUSTRY **Unemployed** 11. BIRTHPLACE (City and State or Foreign Country) **Poland** 12. CITIZEN OF WHAT COUNTRY? **USA.**

13a. FATHER'S NAME **Adam Zambrzusi** 13b. MOTHER'S MAIDEN NAME **Mary Marzukic** 14. NAME OF HUSBAND OR WIFE **--**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) \_\_\_\_\_ 16. SOCIAL SECURITY NO. **--** 17. INFORMANT'S SIGNATURE OR NAME **Walter Zambrzusi** ADDRESS **2665 Stande**

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) **Aggranulocytosis** INTERVAL BETWEEN ONSET AND DEATH **6 weeks**  
\* This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.  
ANTECEDENT CAUSES 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. **297x**

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? \_\_\_\_\_

22. I hereby certify that I attended the deceased from **8-13-43**, 19\_\_\_\_, to **2-7-57**, 19\_\_\_\_, that I last saw the deceased alive on **2-7-57**, 19\_\_\_\_, and that death occurred at **1:45 p m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **John Niederwieser, M.D.** 23b. ADDRESS **5800 Arsenal St.** 23c. DATE SIGNED **2-8-57**

24a. BURIAL, CREMATION, REMOVAL (Specify) **BURIAL** 24b. DATE **2/11/57** 24c. NAME OF CEMETERY OR CREMATORY **Calvary Cemetery** 24d. LOCATION (City, town, or county) (State) **St Louis Mo**

DATE REC'D BY LOCAL REG. **FEB 8 57** REGISTRAR'S SIGNATURE **Paul Smith M.D.** FUNERAL DIRECTOR'S SIGNATURE **John Stygar & Son** ADDRESS **5541 Riverview Blvd.**

m JB (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.