

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

**1. PLACE OF DEATH**

County.....

Registration District No. 791

Township.....

Primary Registration District No. 2003

City St. Louis (No. 5600  Arsenal)

File No. 28585

Registered No. 8034

St. 24th Ward)

**2. FULL NAME** Charles Zielinski

(a) Residence. No. 1611 Chamber St. 26 Ward.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. 19 ds.

Life

How long in U.S., if of foreign birth?

yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**3. SEX**

Male

**4. COLOR OR RACE**

White

**5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)**

Single

**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF**

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)**

July 17, 1926

**7. AGE**

2 yrs

YEARS

MONTHS

0 mo.

DAYS

19

If LESS than 1 day, hrs. or min.

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work

Nil

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY)

St. Louis, Mo

**10. NAME OF FATHER**

Mike Zielinski

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY)

St. Louis

**12. MAIDEN NAME OF MOTHER**

Martha Gray

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY)

Illinois

**14.**

INFORMANT

(Address)

Dr. [Signature]

**15.**

FILED

7 132

May C Starkoff  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)**

August 5, 1928

**17.**

I HEREBY CERTIFY that I attended deceased from Aug 4 to Aug 5 1928

that I last saw him alive on Aug 5 1928 and that death occurred, on the date stated above, at 11:15 a.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Tumor of Thyroid Gland  
5 ME Acute, benign  
(duration) yrs. mos. ds.

**CONTRIBUTORY (SECONDARY)**

500  
(duration) yrs. mos. ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH, 1611 Chamber St.

DID AN OPERATION PRECEDE DEATH? No DATE OF Aug 4

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) [Signature] M. D.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

**19. PLACE OF BURIAL, CREMATION, OR REMOVAL**

DATE OF BURIAL

Cabary

Aug 7<sup>th</sup> 1928

**20. UNDERTAKER**

ADDRESS

Aug Brockland & Co

1421 N. 9th

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

