

23571

V. S. No. 2
100M-2-43
Rev. 5-17-39
I X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. **6411**

FILED JUL 26 1944
318

Primary Registration District No. **1003**

WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County **ST. LOUIS MO**
(b) City or town **ST. LOUIS**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **CITY HOSP. #1.0**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **3 MTHS**
In this community **LIFE** years, months or days (Specify whether years, months or days)

3. (a) PRINT FULL NAME **GERALDINE-ANN ZIELINSKI**
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **FEMALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **SINGLE**
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **MAY 10th 1935**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
9 2 7 hr. min.

9. Birthplace **ST. LOUIS MO**
(City, town, or county) (State or foreign country)
10. Usual occupation **ATTENDING SCHOOL**

11. Industry or business _____
MOTHER FATHER { 12. Name **STEPHEN ZIELINSKI**
13. Birthplace **ST. LOUIS MO**
14. Maiden name **HELEN ARCISTEWSKI**
15. Birthplace **ST. LOUIS MO**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Helen Zielinski**
(b) Address **1805 Warren St**
17. (a) **BURIAL** (b) Date thereof **JULY 21-44**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **CALVARY CEM.**

18. (a) Signature of funeral director **Brookland Und. Co.**
(b) Address **1827 HOGAN STR.**
19. (a) **JUL 20 1944** (b) **J. F. Brueck**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **MISSOURI** (b) County **17**
(c) City or town **ST. LOUIS** **9 Q6**
(d) Street No. **1805 WARREN STR.**
(If outside city or town limits, write "RURAL") (If rural, give location)
(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **JULY** day **17th**
year **1944** hour **9:35** minute **P.** M.
21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____
that I last saw him _____ alive on _____ 19____
and that death occurred on the date and hour stated above.

Immediate cause of death **1st, 2nd, & 3rd degree burns of entire body; suffered when deceased clothing became ignited from gas flame of gas stove at her home 1805 Warren St., on April 13, 1944, at about 5:55 P.M.**
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations **181-1**
Of autopsy **15**
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) **Accident 100**
(b) Date of occurrence **April 13, 1944**
(c) Where did injury occur? **St. Louis, Mo.**
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
In Home
While at work? _____ (Specify type of place) (e) Means of injury **3**
23. Signature **Thomas H. P. [unclear]** (M.D. or other)
Address **1805 Warren St** Date signed **7-19-44**

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed *John Agnoski*
Licensed Embalmer No. *3398*

P. O. Address.....

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 this body is not embalmed, fact should be so stated above.