. No. 2
—1/47
5-17-39

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

#72810

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 7 1947

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 36450

Registrar's No. 9971

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Louis City Hospital-Max C. Starkloff Memorial
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 000

(c) City or town St Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 1431 N. 10th ste 9
(If rural, give location)

(e) Citizen of foreign country? 25 (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME MIKE ZEMYLA

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

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 Sept (Month) 29 (Day) 1883 (Year)

8. AGE: Years 64 Months 0 Days 29 If less than one day hr. min.

9. Birthplace Austria (City, town, or county) 4 (State or foreign country)

10. Usual occupation —

11. Industry or business —

FATHER
12. Name John Zemyla 4
13. Birthplace Austria (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Eva Piruga
15. Birthplace Austria (City, town, or county) 4 (State or foreign country)

16. (a) Informant Dr. V.K. DeKorven
(b) Address 1431 N. 10th ste

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/31/47 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Central Und Co
(b) Address 1841 Cass ave

19. (a) OCT 29 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 28th year 1947 hour 3:10 minute A M.

21. I hereby certify that I attended the deceased from 10/15/47, 19, to Oct. 28th 1947 that I last saw him alive on Oct. 28th 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Carcinoma at lung	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN

Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature John R. Langford M.D. (M. D. or other)

Address 1515 Lafayette Date signed 10/28/47

Jefferson City Printing Co.

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

Signed Elmo R. Cadwell

Licensed Embalmer No. 4077

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.