

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12575

State File No.

FILED APR 4 1953

318

PRIMARY REG. DIST. NO.

1003

Registrar's No.

3089

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Affton</u> <u>4820</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>9230 Coral Dr.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ALEXIAN BROS HOSPITAL</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>STEVE</u> b. (Middle) <u>ZIELINSKI</u> c. (Last) <u>ZIELINSKI</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March, 19, 1953</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Aug. 2, 1883</u>
9. AGE (In years last birthday) <u>69</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Tavern Owner</u>	11. BIRTHPLACE (State or foreign country) <u>Austria</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Tavern Owner</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Tavern</u>	12. CITIZEN OF WHAT COUNTRY? <u>4</u>
13a. FATHER'S NAME <u>John Zielinski</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Laskowski</u>	14. NAME OF HUSBAND OR WIFE <u>Milanka Zielinski</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or date of service)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Milanka Zielinski 9230 Coral Dr.</u>
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) <u>Cerebro-vascular accident</u> INTERCURRENT CAUSES *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. DUE TO (b) <u>Arteriosclerotic heart disease (fell at home) on 4 corner</u> DUE TO (c) <u>no injury</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		INTERVAL BETWEEN ONSET AND DEATH <u>5 hr.</u> <u>2 yr.</u>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		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) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>4200</u>	
22. I hereby certify that I attended the deceased from <u>9/11</u> , 19 <u>50</u> , to <u>3/21</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>3/19</u> , 19 <u>53</u> , and that death occurred at <u>10 p. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Paul M. Puckert MD</u>		23b. ADDRESS <u>5203 Chippewagon</u>	23c. DATE SIGNED <u>3/24/53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3/23/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Peter & Paul Cem</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri</u>
DATE REC'D BY LOCAL REGISTRY <u>MAR 23 1953</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Chulick Und. Co. 1722 S. Jefferson</u>	

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

1732

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
Student Embalmer

Signed M. W. Rueter

Licensed Embalmer No. 4865

P. O. Address St Louis Mo.

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.