

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **25885**

BIRTH NO. _____		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 500		Registrar's No. 1621		
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis				
b. CITY OR TOWN Bellefontaine Neighbors		c. LENGTH OF STAY (in this place) 12 yrs 4 mos		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bellefontaine Neighbors		4020		
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis State Training School.				d. STREET ADDRESS (If rural, give location) 10695 Bellefontaine Road.				
3. NAME OF DECEASED a. (First) Jane			b. (Middle) Helen		c. (Last) Zmaila		4. DATE OF DEATH (Month) (Day) (Year) July 6 1954	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		8. DATE OF BIRTH June 16, 1930	9. AGE (in years last birthday) 24	# UNDER 1 YEAR Months 17	# UNDER 24 HRS. Days 5 Min. 35	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE		10b. KIND OF BUSINESS OR INDUSTRY NONE		11. BIRTHPLACE (State or foreign country) St. Louis Mo		12. CITIZEN OF WHAT COUNTRY? U.S.		
13a. FATHER'S NAME John Zmaila			13b. MOTHER'S MAIDEN NAME Mary Perhat		14. NAME OF HUSBAND OR WIFE NONE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Dorothy M. Ellersieck M.D. 10695 Bellefontaine				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH 22 yrs.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Status Epilepticus				DUE TO (b) Epilepsy				22 yrs.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c) Mental Deficiency				22 yrs.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 3532				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from July 4, 1954 , to July 6, 1954 , that I last saw the deceased alive on July 6, 1954 , and that death occurred at 5:30 a. m. , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) Dorothy M. Ellersieck M.D.				23b. ADDRESS 10695 Bellefontaine Rd.		23c. DATE SIGNED 7-6-54		
24a. BURIAL, CREMATION, REMOVAL OF BODY		24b. DATE 7/9/54		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) St Louis Missouri		
DATE REC'D BY LOCAL REG. 7/8/54		REGISTRAR'S SIGNATURE Heathcliff R. Amberg		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Moydell Funeral Home 1926 Allen Av				

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Reinhold K. Labrum

Signed.....

Student Embalmer

Licensed Embalmer No. *3395*

P. O. Address *St Louis 4 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.