

No. 300
 10.48
 WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

23254

State File No.

BIRTH NO.		REG. DIST. NO. <u>290</u>		PRIMARY REG. DIST. NO. <u>5985</u>		Registrar's No. <u>104</u>	
1. PLACE OF DEATH a. COUNTY <u>Pulaski</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Illinois</u> b. COUNTY <u>Cook</u>			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Fort Leonard Wood</u>)		c. LENGTH OF STAY (in this place)		c. CITY <u>6533 North Greenwood</u> OR <u>Chicago, Ill.</u>		Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION:				e. STREET ADDRESS (If rural, give location) <u>81208</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Robert</u>		b. (Middle) <u>Irving</u>		c. (Last) <u>Zelens</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. 10, 1918</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Write & director</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Advertising</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Chicago, Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Marcus Zelens</u>		13b. MOTHER'S MAIDEN NAME <u>Minnie Goldberg</u>		14. NAME OF HUSBAND OR WIFE <u>Marion Zelens</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>325 16 6561</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Marian Zelens</u> ADDRESS			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Skull fracture, crushing injuries</u> ANTECEDENT CAUSES <u>as a result of airplane crash</u> DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>861X</u>				INTERVAL BETWEEN ONSET AND DEATH	
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) <u>accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Ft. Wood</u>		21c. (CITY, TOWN, OR TOWNSHIP) <u>Ft Wood</u> (COUNTY) <u>Pulaski</u> (STATE) <u>MO</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Aug 4 55 1933</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Airplane Crash</u>			
22. I hereby certify that I attended the deceased <u>from Aug. 4, 1955</u> , to <u>Aug. 4, 1955</u> , that I last saw the deceased alive on <u>Aug. 4, 1955</u> , and that death occurred at <u>12:33 p.m.</u> from the causes and on the date stated above.							
23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>County Coroner</u>		23b. ADDRESS <u>Richland, Missouri</u>		23c. DATE SIGNED <u>8/5/55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>		24b. DATE <u>8/5/55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>UNKNOWN</u>		24d. LOCATION (City, town, or county) (State) <u>5206 Broadway Chicago. Ill.</u>	
DATE REC'D BY LOCAL REG. <u>8-5-55</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> <u>Hedges Funeral Homes, Inc. Crocker</u>			

(Licensed Embalmer's Statement on Reverse Side)

MO.

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Date Filed 8-6-S-5
Public Health Office

8-5-S-5

AUG 16 1955

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
Signature of Student Embalmer

Signed *Walter O. Keager*

Licensed Embalmer No. *426*

P. O. Address *Kenosha, Wis.*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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