

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED DEC 30 1957

State File No. **46515**  
Registrar's No. **11205**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

|   |   |   |  |
|---|---|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY _____  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <b>Mo.</b> b. COUNTY <b>St. Louis</b> |  |
| b. CITY OR TOWN <b>St. Louis</b>  | c. LENGTH OF STAY (In this place) <b>2 days</b> | c. CITY OR TOWN <b>North Woods</b>  | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Johns Hospital</b>                                       |   | e. STREET ADDRESS (If rural, give location) <b>6616 Hazen Ave.</b>  |  |
| 3. NAME OF DECEASED (Type or Print) <b>Ellen</b>  | a. (First)                                      | b. (Middle) <b>E.</b>   | c. (Last) <b>Zajicek</b>   |
| 4. DATE OF DEATH (Month) (Day) (Year) <b>Nov. 20 1957</b>   | 5. SEX <b>female</b>                            | 6. COLOR OR RACE <b>white</b>   | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <b>never married</b>   |
| 8. DATE OF BIRTH <b>Nov. 18 1957</b>  | 9. AGE (In years last birthday) <b>2</b>        | IF UNDER 1 YEAR Days  | IF UNDER 24 HRS. Hours Min.  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>none</b> | 10b. KIND OF BUSINESS OR INDUSTRY _____         | 11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Mo.</b>  | 12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>   |

|  |  |                                   |
|--|--|-----------------------------------|
| 13a. FATHER'S NAME <b>Donald Zajicek</b> | 13b. MOTHER'S MAIDEN NAME <b>Dorothy E. Nix.</b> | 14. NAME OF HUSBAND OR WIFE _____ |
|--|--|-----------------------------------|

|   |                                     |  |
|---|-------------------------------------|--|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <b>no</b> | 16. SOCIAL SECURITY NO. <b>none</b> | 17. INFORMANT'S SIGNATURE OR NAME- ADDRESS <b>Donald Zajicek 6616 Hazen Ave.</b> |
|---|-------------------------------------|--|

|   |   |                  |                                  |
|---|---|------------------|----------------------------------|
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION   |                  | INTERVAL BETWEEN ONSET AND DEATH |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Immaturity</b>  | DUE TO (b) <b>Diaphragmatic Hernia</b>  | DUE TO (c) _____ | <b>2 days</b>                    |
| ANTECEDENT CAUSES   | Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.            |                  |                                  |
| II. OTHER SIGNIFICANT CONDITIONS  | Conditions contributing to the death but not related to the disease or condition causing death. <b>774x</b> |                  |                                  |

|   |  |   |  |
|---|--|---|--|
| 19a. DATE OF OPERATION _____                          | 19b. MAJOR FINDINGS OF OPERATION <b>Diaphragmatic Hernia - atelectasis left</b>                        |   | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
| 21a. ACCIDENT (Specify) <b>SUICIDE</b>                | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____         | 21c. (CITY, TOWN, OR TOWNSHIP) <b>Lyng</b> (COUNTY) _____ (STATE) _____ |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ | 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 **11/18, 1957**, to **11/22, 1957** that I last saw the deceased alive on **11/20, 1957**, and that death occurred at **9P** m., from the causes and on the date stated above.

|   |                                     |                                  |
|---|-------------------------------------|----------------------------------|
| 23a. SIGNATURE (Degree or title) <b>[Signature]</b> | 23b. ADDRESS <b>8321 N Broadway</b> | 23c. DATE SIGNED <b>11-22-57</b> |
|---|-------------------------------------|----------------------------------|

|  |                           |  |   |
|--|---------------------------|--|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b> | 24b. DATE <b>11/23/57</b> | 24c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park Cemetery</b> | 24d. LOCATION (City, town, or county) (State) <b>St. Louis County Mo.</b> |
|--|---------------------------|--|---|

|   |  |  |
|---|--|--|
| DATE REC'D BY LOCAL REG. <b>NOV 22 57</b> | REGISTRAR'S SIGNATURE <b>[Signature]</b> | 25. FUNERAL DIRECTOR'S SIGNATURE <b>[Signature]</b> ADDRESS <b>Buchholz Mortuary 5967 W. Florissant Ave.</b> |
|---|--|--|

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 ..... Student Embalmer No. ....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Not Embalmed*  
*W. J. ...*

Licensed Embalmer No. *4557*

P. O. Address *A. Louis*

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.