

**FILED OCT 31 1947**

Registration District No. ....

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County.....  
(b) City or town **St. Louis**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**Alexian Bros Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution..... (Specify whether  
In this community..... (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **022**  
(c) City or town **St. Louis** **17**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **5055a Winona Ave.** **9**  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No) **0**  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct.** day **1**  
year **1947** hour **10:55** minute **P.** M.

21. I hereby certify that I attended the deceased from **Sept 3**, 19**47** to **Oct. 1st**, 19**47**;  
that I last saw him alive on **Oct. Sept 28**, 19**47**;  
and that death occurred on the date and hour stated above.  
Duration

Immediate cause of death.....

Due to **Massive Intestinal Hemorrhage**  
**Bleeding duodenal Ulcer** **Sept 17 47**

Due to.....  
Other conditions **Senile Psychosis**  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations.....

Of autopsy **Ulcer of duodenum**  
**1st Partial - Out.**

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 **Albert J. M... M. D. (other)**  
Address **7739 No. 5th St. St. Louis** Date signed.....

3. (a) PRINT FULL NAME **MICHAEL I. ZUZENAK**

3. (b) If veteran, name war **None** 3. (c) Social Security No. ....

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Magdalene** 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased **Oct. 14 1873**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**73 11 17** hr. min.

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

10. Usual occupation **Night Watchman (Retired)**

11. Industry or business **St. Louis Post Dispatch**

12. Name **Ivan Zuzenak**

13. Birthplace **Austria**  
(City, town, or county) (State or foreign country)

14. Maiden name **Ella Gunja**

15. Birthplace **Austria**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Magdalene Zuzenak**

(b) Address **5055a Winona**

17. (a) **Burial** (b) Date thereof **10-4-47**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Resurrection Cem.**

18. (a) Signature of funeral director **Kriegshauser Und Co.**

(b) Address **4228 So. Kingshighway Bl.**

19. (a) **OCT 3 1947** (b) **J. F. Biedeck**  
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

18

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**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..... *Edwin M. Dermott* .....

Licensed Embalmer No. *3024* .....

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.