

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED JUN 2 1942

Registration District No. ....

Primary Registration District No. ....

Registrar's No. **4531**

**1. PLACE OF DEATH:**

(a) County.....

(b) City or town..... St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Louis City Hospital 0  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12 Days  
(Specify whether years, months or days)

In this community.....  
years, months or days

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County..... 069  
19

(c) City or town..... St. Louis  
(If outside city or town limits, write "RURAL") 9

(d) Street No. 2007 Cushing St.  
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No) 0  
If yes, name country..... 23

**3. (a) PRINT FULL NAME** Vincent Cervenka

3. (b) If veteran, name war..... no

3. (c) Social Security No. none

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced..... Married

6. (b) Name of husband or wife..... Mary Cervenka

6. (c) Age of husband or wife if alive..... 70 years

7. Birth date of deceased About 1872  
(Month) (Day) (Year)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month May day 25, year 1942 hour 4:40 minute A. M.

21. I hereby certify that I attended the deceased from May 14, 1942 to May 25, 1942  
that I last saw him alive on May 25, 1942  
and that death occurred on the date and hour stated above.

8. AGE: Years About 70 Months Unknown Days Unknown If less than one day hr. min.

9. Birthplace Czecho-Slovakia  
(City, town, or county) (State or foreign country)

10. Usual occupation Brass worker

Immediate cause of death.....  
Uremia, terminal, with  
from Chl. myocarditis  
Cerebrovascular thromboses  
in middle cerebral art 13 days  
Due to.....  
Chl. myocarditis  
Gen arteriosclerosis  
Other condition.....  
(Include pregnancy within 3 months of death)

**MOTHER FATHER**

11. Industry or business.....

12. Name..... Unknown

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

14. Maiden name..... Unknown

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

16. (a) Informant Mary Cervenka

(b) Address 2007 Cushing St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 27-42  
(Month) (Day) (Year)

(c) Place: burial or cremation New Picker Cemetery

18. (a) Signature of funeral director W.C. Mayhew

(b) Address 1926 Allen Ave.

19. (a) MAY 25 1942 (Date received local registrar) (b) (Registrar's signature)

**PHYSICIAN**

Major findings:  
Of operations.....  
Of autopsy Refused

Underline the cause to 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?.....

While at work..... (Specify type of place)  
Means of injury.....

23. Signature W.C. Mayhew (M., D. or other) 0  
Address 1515 Lafayette Ave. Date signed 3/25/42

**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.....

Licensed Embalmer No. 4109

P. O. Address. 1926 Allen

**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.**

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 16035-  
Registrar's No. 4531

Registration District No. ....

Primary Registration District No. ....

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:  
St Louis City Hosp  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 12 days  
Specify whether  
In this community.....  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County.....  
(c) City or town St Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2007 Cushing St  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME Vincent Cervenka

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced m

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

7. Birth date of deceased about 1872  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day min.  
abt 70

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

10. Usual occupation.....

11. Industry or business.....

MOTHER FATHER

12. Name.....  
13. Birthplace.....  
(City, town, or county) (State or foreign country)  
14. Maiden name.....  
15. Birthplace.....  
(City, town, or county) (State or foreign country)

16. (a) Informant.....

(b) Address.....

17. (a)..... (b) Date thereof.....  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation.....

18. (a) Signature of funeral director.....

(b) Address.....

19. JUL 17 1942 (Date received local registrar) (b) J. F. Bedeak (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May Day 25  
Year 1942 Hour 04 minute 40 a.m.

21. I hereby certify that I attended the deceased from....., 19.....  
that I have seen him/her live on....., 19.....  
and that death occurred on the date and hour stated above.  
(Immediate cause of death.....)

Duration

Due to.....

Due to.....

Other conditions.....  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations.....

Of autopsy.....

PHYSICIAN

Underline the cause to 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..... (M. D. or other).....

Address..... Date signed.....

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

SUPPLEMENTARY

1942

5-16035