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FILED OCT 14 1942

Registration District No. 318

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County _____

(b) City or town. ST. Louis.
(If out-of-city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
4963 Reber Place.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. 000
17

(c) City or town. ST. Louis. (If outside city or town limits, write "RURAL")
139

(d) Street No. 4963 Reber Place. (If rural, give location)

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

3. (a) PRINT FULL NAME Vincent Cerny.

3. (b) If veteran, name war No

3. (c) Social Security No. None ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 2
year 1942 hour 2 minute 30 P.M.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Barbara

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased July 19 1880
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Sept. 23, 1942 to Oct. 2, 1942
that I last saw him alive on Oct. 2, 1942
and that death occurred on the date and hour stated above.

8. AGE: Years 62 Months 2 Days 13
If less than one day hr. 1 min.

Immediate cause of death Cerebral Thrombosis Duration 10 days

Due to Chronic Coronary Valvular Disease (Mitral Regurgitation)

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

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

10. Usual occupation Insurance Broker.

11. Industry or business Insurance.

Major findings: As above

Of operations _____

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER { 12. Name Matthew Cerny

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

14. Maiden name Unknown

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

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? _____

16. (a) Informant Barbara Cerny.

(b) Address 4963 Reber Place.

17. (a) Mo. Crematory. (b) Date thereof Oct. 5. 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Missouri Crematory.

23. Signature Anthony A. Prekorski (M. D. or other) M.D.
Address 1525 1/2 Cass Ave. Date signed 10/3/42

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

(b) Address 1926 Allen Ave.

19. (a) OCT 5 1942 (b) _____
(Date received local registrar) (Registrar's signature)

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

848

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 D. M. Davis

Licensed Embalmer No. 3741

P. O. Address 3304 E Utah St.

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.

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 318

Primary Registration District No.

Registrar's 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:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME Vincent Perry
3. (b) If veteran, name war..... 3. (c) Social Security No.....

20. DATE OF DEATH: Month Oct day 23 year 1942 hour 9 minute 6 M.
21. I hereby certify that I attended the deceased from 9 1942;
that I have a W will on file on 9 1942;
and that death occurred on the date and hour stated above.
Immediate cause of death.....

MEDICAL CERTIFICATION

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

6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive 19 years

7. Birth date of deceased. July (Month) 19 (Day) 19 (Year)

8. AGE: Years 62 Months 2 Days 14 If less than one day 14 min.

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

10. Usual occupation.....

11. Industry or business.....

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

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

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

(b) Address.....

19. (a) OCT 23 1942 (Date received local Registrar) J. F. Muesch (Registrar's signature)

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

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

Duration

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?.....

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

23. Signature..... (M. D. or other).....

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

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

SUPPLEMENTARY

MOTHER FATHER

28608

MAR 29 1949