V. S. No. 2
DM—9-4-41
Rev. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 16 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 35254

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9288

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

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: 7628 Reilley ave. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community 54 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Mo. (b) County 17

(c) City or town 7 ST. LOUIS ave. (If outside city or town limits, write "RURAL") 9

(d) Street No. 7628 Reilley ave. (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Stephen Chermock

3. (b) If veteran, name war None

3. (c) Social Security No. 702-09-0709

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Anne

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased October (Month) 13 (Day) 1864 (Year)

8. AGE: Years 78 Months 0 Days 22 If less than one day hr. min.

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

10. Usual occupation Carpenter

11. Industry or business American Refrigerator Transit

FATHER
12. Name Stephen Chermock
13. Birthplace (City, town, or county) Slovakia (State or foreign country)

MOTHER
14. Maiden name Antonia Antosova
15. Birthplace (City, town, or county) Slovakia (State or foreign country)

16. (a) Informant Anna Chermock

(b) Address 7628 Reilley ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 9, 1942 (Month) (Day) (Year)

(c) Place: burial or cremation New Lopeter & Paul Cem. Hoffmeister U.&L.Co.

18. (a) Signature of funeral director C. Hoffmeister U.&L.Co.

(b) Address 7814 S. Broadway

19. (a) NOV 6 1942 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 5 year 1942 hour 12 minute P. M.

21. I hereby certify that I attended the deceased from 9-27-42, 19 to NOV 2, 1942 that I last saw him alive on Nov 2, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Cirrhosis of Liver

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? (Specify type of place)

While at work (e) Means of injury

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

Address 7602 S Broadway Date signed 11-6-42

(Licensed Embalmer's Statement on Reverse Side)

Dr. Ehlers

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 Harry J Schumacher

Licensed Embalmer No. 2679

P. O. Address 732 Lemay Ferry rd

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.