

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. \_\_\_\_\_

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:  
4142 Delor  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 50 yrs. (Specify whether years, months or days)

3. (a) PRINT FULL NAME John Czerwenka  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. none

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced widowed  
6. (b) Name of husband or wife Julia Sentner 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Nov. 16 1862  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>80</u>	<u>2</u>	<u>9</u>	_____ hr. _____ min.

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

10. Usual occupation Retired Blacksmith

11. Industry or business \_\_\_\_\_  
12. Name John Czerwenka  
13. Birthplace Germany  
(City, town, or county) (State or foreign country)  
14. Maiden name not known  
15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Arthur Czerwenka  
(b) Address 4142 Delor

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-27-43  
(Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director John Zugunheim & Son  
(b) Address 7027 Gravois Ave.

19. (a) 1943 27 1943 (Date received local registration) (b) J. F. Brudeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County 006  
(c) City or town St. Louis (If outside city or town limits, write "RURAL")  
(d) Street No. 4142 Delor (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 24  
year 1943 hour 6 minute \_\_\_\_\_ P. A. M.

21. I hereby certify that I attended the deceased from Jan 20  
1943 to Jan 24 1943  
that I last saw him alive on Jan 23 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration 9 Days

Due to Arterio Sclerosis

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?

While at work \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature L. O. Herchenroeder (M. D. or other) Address 5000 S. Broadway Date signed 1/26/43

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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.....

*B. P. Kidwell*

Licensed Embalmer No. *3877*

P. O. Address *7027 Strauss*

**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.**