. S. No. 2
M—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28914

FILED OCT 12 1945

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8507

1. PLACE OF DEATH
(a) County St. Louis
(b) City or town (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri Baptist Hosp. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 Weeks (Specify whether
In this community 50 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jefferson
(c) City or town Hillsboro (Rural) (If outside city or town limits, write "RURAL")
(d) Street No. Route #1 (If rural give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Frank Cernicek
3. (b) If veteran, name war None
3. (c) Social Security No. No
4. Sex Male
5. Color or race White
6. (a) Single, widowed, divorced, married 1
6. (b) Name of husband or wife Katy Cernicek
6. (c) Age of husband or wife if alive 73 years
7. Birth date of deceased Aug. (Month) 15 (Day) 1870 (Year)

8. AGE: Years 75 Months 1 Days 14 If less than one day hr. min.

9. Birthplace Bohemia Prov. (Check) (City, town, or county) (State or foreign country)
10. Usual occupation Farming
11. Industry or business
12. FATHER Name Frank Cernicek
13. FATHER Birthplace unknown (City, town, or county) (State or foreign country)
14. MOTHER Maiden name Josephine
15. MOTHER Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant Edward Hoffman
(b) Address De Soto, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-3-45 (Month) (Day) (Year)
(c) Place: burial or cremation De Soto — Mo.
18. (a) Signature of funeral director J. Lee Matherhead
(b) Address De Soto, Mo.
19. (a) OCT 2 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 29 year 1945 hour 4 minute 45 A.M.
21. I hereby certify that I attended the deceased from Sept 10, 1945, 19..., to Sept 29, 1945, 19..., that I last saw him alive on Sept 28, 1945, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pneumonia	6 days
Due to	
Due to	
Other conditions Cancer of Stomach (Include pregnancy within 3 months of death)	6 months

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 E. J. Brickenridge (M. D. or other)
Address St. Louis Mo. Date signed 9/29/45

(Licensed Embalmer's Statement on Reverse Side)

8507

OCT 19 1945

8507

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 J. Lee Mothershea

Licensed Embalmer No. 3531

P. O. Address Desoto, Mo.

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.