

FILED JUN 6 1946  
318

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Registrar's No. 4767

Registration District No. ....

Primary Registration District No. ....

1. PLACE OF DEATH:

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County St. Clair, 7.9  
(c) City or town E. St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 707 North 19th Street  
(If rural, give location) N.R  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

Geneva L. Cerny

3. (b) If veteran, name war No

3. (c) Social Security No. 321-18-228

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 25th  
year 1946 hour \_\_\_\_\_ minute I PM

21. I hereby certify that I attended the deceased from May 22, 1946 to May 25, 1946  
that I last saw her alive on 5/25, 1946  
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Stephen G. Cerny (c) Age of husband or wife if alive 30 years  
7. Birth date of deceased February 21st 1906  
(Month) (Day) (Year)

Immediate cause of death: Surgical Shock  
Due to: Operation - Obstruction of Bowel (ileum) 3 days  
Post-operative Bowel Adhesions 3 weeks  
Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

8. AGE: Years 40 Months 3 Days 4  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace: E. St. Louis, Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation: Clerk

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name: ~~Stephen~~ Walter T aylor  
13. Birthplace: Lentzburg, Illinois  
(City, town, or county) (State or foreign country)  
14. Maiden name: Grace Kelly  
15. Birthplace: Shawnee town, Ill.  
(City, town, or county) (State or foreign country)

16. (a) Informant: Stephen G. Cerny  
(b) Address: E. St. Louis, Illinois

17. (a) Burial (b) Date thereof: 5-28-1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Walnut Hill Cemty.

18. (a) Signature of funeral director: Geo W. Brickler Jr  
(b) Address: E. St. Louis, Illinois

19. (a) MAY 28 1946 (b) J. F. Braddock  
(Date received local registrar) (Registrar's signature)

Major findings: Bowel Obstruction  
Of operations: due to adhesions  
Of autopsy: none

Duration of illness: 4 1/2 hours  
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: Georluey Abbott (M. D. or other) 200  
Address: 220-21-4th St. St. Louis Date signed: 5/26/46

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

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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 me  
....., Registered Apprentice No. ....  
working under my personal supervision.

Signed Ben. N. Baldwin  
Licensed Embalmer No. 2470  
P. O. Address J. H. Lewis, Ill.

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.