

No. 2
M-5-43
7-5-17-39
I X38672

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **25113**
Registrar's No. **C193**

FILED JUL 23 1946
378

Registration District No. _____ Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County _____

(b) City or town St Louis Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
2909 Nebraska Av /
(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

3. (a) PRINT FULL NAME Bohuslav J. Cerny

3. (b) If veteran, name war N8

3. (c) Social Security No. _____

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Lillian 6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased Czechoslovakia 7-25-1877
(Month) (Day) (Year)

8. AGE: Years 68 Months 11 Days 17 If less than one day _____
hr. _____ min. _____

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

10. Usual occupation Tailor

11. Industry or business _____

MOTHER FATHER { 12. Name Vaclav 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)

16. (a) Informant Lillian Cerny

(b) Address 2909 Nebraska Av

17. (a) Cremation (b) Date thereof 7/15/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mo Crematory

18. (a) Signature of funeral director Wm L. Myrland

(b) Address 1926 Allan Av

19. (a) JUL 13 1946 (b) J. F. Bredbeck
(Date received local registrar's certificate) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

(c) City or town St Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 2909 Nebraska Av
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 12
year 46 hour 9,30 minute _____ P M.

21. I hereby certify that I attended the deceased from March 1,
1946 to July 12, 1946
that I last saw him alive on July 9, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of the left lung,

Due to _____

Due to _____

Other conditions Myocarditis,
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

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 W. C. Raines M.D. _____
(M. D. or other)

Address 320 Metropolitan Building Date signed 7/13/46

a
24
8

Duration
4
months.

6 wks.

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

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 Berg E. Duncan
Licensed Embalmer No. 2222
P. O. Address 1824 Allen

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.