S. No. 2
M—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 29866

FILED SEP 3 1947

Registration District No. 3

Primary Registration District No. 6076

Registrar's No. 1757

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: Rt. I4, Box I256
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

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

(d) Street No. Rt. I4, Box I256
(If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME George Cerny, Sr.

3. (b) If veteran, name war World War I

3. (c) Social Security No. 492-01-3200

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Johanna

6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased June 26th (Month) 1897 (Day) (Year)

8. AGE: Years 50 Months I Days I6 If less than one day ..... hr. ..... min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Tool & Dye Maker

11. Industry or business United Tool Co.

FATHER
12. Name Joseph Cerny
13. Birthplace Czechoslovakia (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Czechoslovakia (City, town, or county) (State or foreign country)

16. (a) Informant Johanna Cerny
(b) Address Affton Missouri

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 8/I5/47 (Month, day, year)
(c) Place: burial or cremation National Cemetery Jefferson Barracks, Mo

18. (a) Signature of funeral director Wacker Heldrich U E Co.
(b) Address 3634 Gravois, St. Louis, Mo.

19. (a) 8-16-47 (Date received local registrar) Carla J. Sharp MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day I2th year I947 hour II minute 05 P. M.

21. I hereby certify that I attended the deceased from 1/3/46, 19..., to Aug 11, 1947 that I last saw him alive on Aug 11, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Myocarditis	1/3/46
Due to	
Due to 93d	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause of 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)

(e) While at work? ..... (e) Means of injury .....

23. Signature John [illegible] (M. D. or other) MD

Address 500 S A GRAVOIS Date signed 8-18-47

St Louis 16 Mo

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

SEP 8 1947

SEP 4 1947

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 Robert Wheeler

Licensed Embalmer No. 218

P. O. Address St Louis 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.