

FILED FEB 16 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5741

BIRTH NO. _____ REG. DIST. NO. 306 PRIMARY REG. DIST. NO. 6048 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY St, Charles		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY ST CHARLES	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cottleville		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN COTTLEVILLE	
d. FULL NAME OF HOSPITAL OR INSTITUTION -----		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)	a. (First) Ferdinand	b. (Middle) Carl	c. (Last) Czeschin	4. DATE OF DEATH (Month) (Day) (Year) Feb. 6 1951
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5. SEX Male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 16 1874	9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Blacksmith	10b. KIND OF BUSINESS OR INDUSTRY Mechanic	11. BIRTHPLACE (State or foreign country) Blond Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Ferdinand Czeschin	13b. MOTHER'S MAIDEN NAME Garver	14. NAME OF HUSBAND OR WIFE Helen Czeschin
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no no	16. SOCIAL SECURITY NO. 494-07-5694	17. INFORMANT'S SIGNATURE OR NAME Mrs. Helen Czeschin	ADDRESS Cottleville Mo.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 4221
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Myocardial Decomposition</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized Cardio-Vascular</u> DUE TO (c) <u>Arteriosclerosis</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Jan 30, 1951, to Jan 30, 1951, that I last saw the deceased alive on Jan 30, 1951, and that death occurred at night m. from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) George R. Sasahis M.D.	23b. ADDRESS O'Fallon Mo.	23c. DATE SIGNED Feb 7-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Feb. 9/51	24c. NAME OF CEMETERY OR CREMATORY St. Johns Cemetery	24d. LOCATION (City, town, or county) (State) Cottleville Mo.
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DATE REC'D BY LOCAL REG. Feb 9 51	REGISTRAR'S SIGNATURE E.A. Keithly	25. FUNERAL DIRECTOR'S SIGNATURE E.A. Keithly	ADDRESS O'Fallon Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0420

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

E. A. Keethly

Licensed Embalmer No. *887*

P. O. Address *Dallow M.*

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.