V.S. No. 300
Rev. 10-48

FILED MAR 27 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10043
Registrar's No. 2198

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Firmin Desloge Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY
c. CITY OR TOWN: St. Louis
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): 3309 Salena St.

3. NAME OF DECEASED (Type or Print): a. (First) John b. (Middle) L. c. (Last) Cedeck

4. DATE OF DEATH (Month) March (Day) 3 (Year) 1957

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Dec. 27, 1892
9. AGE (In years last birthday): 64 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Mfg. Doors
11. BIRTHPLACE (City and State or Foreign Country): St. Louis, Missouri
12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAME: Max Cedeck
13b. MOTHER'S MAIDEN NAME: Eva Sisko
14. NAME OF HUSBAND OR WIFE: Katherine Cedeck
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 489-09-7538
17. INFORMANT'S SIGNATURE OR NAME: Katherine Cedeck — **ADDRESS**: 3309 Salena St.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metastatic Carcinoma of Lung — INTERVAL BETWEEN ONSET AND DEATH: 4½ Mo (+)

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Metastases to cervical lymph nodes
DUE TO (c) Metastases to brain?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Cerebral thrombosis c̄ left hemiplegia — 17 Mo.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 165x
20. AUTOPSY? YES ☐ NO ☒

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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2-28-57 *1957, to* 3-2- *, 1957, that I last saw the deceased alive on* 3-2 *, 1957, and that death occurred at* 3:00 *a.m., from the causes and on the date stated above.*

23a. SIGNATURE: Richard A. Laney (Degree or title) M.D.
23b. ADDRESS: 1325 So. Grand Ave.
23c. DATE SIGNED: 3-4-57

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3/6/57
24c. NAME OF CEMETERY OR CREMATORY: St. Pater & Paul Cem
24d. LOCATION (City, town, or county) (State): St. Louis, Mo.

DATE REC'D BY LOCAL REG.: MAR 6 '57
REGISTRAR'S SIGNATURE: Pearl Smith MD
25. FUNERAL DIRECTOR'S SIGNATURE: CHULICK UND. CO. — **ADDRESS**: 1722 S. Jefferson
(Licensed Embalmer's Statement on Reverse Side)

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

Primary site Unknown

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalm

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed. Harvey Kahle

Licensed Embalmer No. 4596

P. O. Address St. Louis 9,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failu to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.