

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-003777

STATE FILE NUMBER

FILED FEB 11 1959

Registration District No. 317

Primary Registration District No. 542

Registrar's No. 282

300
1-57

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) TOWN Ferguson		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Ferguson 4119 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 709 Marvin Ave.		Length of stay in lb 10 Yrs.	d. STREET ADDRESS (If outside, give location) 709 Marvin Ave. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First George Middle Henry Last Czeschin			4. DATE OF DEATH Month 1 Day 27 Year 59			
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5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 3-5-98	9. AGE (In years last birthday) 60	10. FUNDER 1 YEAR Months 6 Days 0 Hours 0 Min. 0	11. IF UNDER 24 HRS. Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bus Driver		10b. KIND OF BUSINESS OR INDUSTRY Public Service Co.		11. BIRTHPLACE (City and state or country) Bland, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
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13a. FATHER'S NAME John Czeschin		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Olga Baker 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 None		16. SOCIAL SECURITY NO. 494-01-0964		17. INFORMANT Address Olga Baker Czeschin 709 Marvin Ave. Ferg.			
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis			INTERVAL BETWEEN ONSET AND DEATH 1-27-59 To 1-27-59 4th Dec-1957
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Arteriosclerosis of coronary arteries		
	DUE TO (c) Myocardial Infarction		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4201			19. WAS AUTOPSY PERFORMED? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) ---			
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20c. TIME OF INJURY Hour --- Month, Day, Year --- a.m. --- p.m. ---			20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) ---				20f. CITY, TOWN, OR LOCATION COUNTY STATE	
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20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE			
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21. I attended the deceased from 3-11-59 to 1-27-59 and last saw her alive on 1-27-59 Death occurred at 11:30 AM on the date stated above; and to the best of my knowledge, from the causes stated.					
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22. SIGNATURE (Degree or title) Ray Johnson, M.D. 0			22b. ADDRESS 40 N. Florissant Rd. Ferg.			22c. DATE SIGNED 1-29-59	
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 1-30-59		23c. NAME OF CEMETERY OR CREMATORY St. Paul Ev. Cemetery		23d. LOCATION (City, town, or county) (State) Cooperhill, Missouri	
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24. FUNERAL DIRECTOR ADDRESS White-Mullen Mort. 118 N. Florissant Rd.			25. DATE RECD. BY LOCAL REG. 1-29-59		26. REGISTRAR'S SIGNATURE John C. Murphy, M.D./M		
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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
Signature of Student Embalmer

Signed *Russell E. Johnson*

Licensed Embalmer No. *3395*

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

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