RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-037019

STATE FILE NUMBER

XC-117 42 30

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 2642

IDED

FILED VS SEP 1 9 1960

1. PLACE OF DEATH
a. COUNTY ST. LOUIS
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JEFFERSON BARRACKS, MO. — Length of stay in 1b 18 DAYS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSPITAL — Inside Limits Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY CAMDEN
c. CITY OR TOWN CAMDENTON — Inside Limits Yes ☐ No ☑
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First JOE Middle T. Last CHERVITCH
4. DATE OF DEATH Month 9-6-60 Day Year

5. SEX MALE
6. COLOR OR RACE WHITE
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 3-27-96
9. AGE (last birthday) 64 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CARPENTER
10b. KIND OF BUSINESS OR INDUSTRY BUILDING
11. BIRTHPLACE (City and state or country) WARSAW, POLAND
12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME JOE CHERVITCH
13b. MOTHER'S MAIDEN NAME UNKNOWN
14. NAME OF HUSBAND OR WIFE MAMIE CHERVITCH

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) WW-I
16. SOCIAL SECURITY NO. 490 141 278
17. INFORMANT Address MRS. MAMIE CHERVITCH, CAMDENTON, MO.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) CONGESTIVE HEART FAILURE — INTERVAL BETWEEN ONSET AND DEATH 18 DAYS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) AORTIC STENOSIS — 12 YEARS
DUE TO (c) RHEUMATIC HEART DISEASE — UNDETERMINED
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. VA attended the deceased from 8-19-60, to 9-6-60 and ~~last seen~~ XXXXXXXXXX
Death occurred at 7:15 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) W. Oppler W. Oppler, Dir. Prof. Services M.D.
22b. ADDRESS VA HOSP. JEFF. BRKS. MO.
22c. DATE SIGNED 9-7-60

23a. BURIAL, CREMATION, REMOVAL (Specify) removal
23b. DATE 9/8/60
23c. NAME OF CEMETERY OR CREMATORY Evergreen Cemetery
23d. LOCATION (City, town, or county) (State) Evergreen Park Ill

24. FUNERAL DIRECTOR ADDRESS Edward Fendler 5611 South Grand Blvd.
25. DATE RECD. BY LOCAL REG. 9-7-60
26. REGISTRAR'S SIGNATURE John C. Murphy Md.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed George W Dan

Signature of Student Embalmer

Licensed Embalmer No. 479

P. O. Address St Louis M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to 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.