V. S. No. 2
M—11-10-39
ev. 5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

1945 STANDARD CERTIFICATE OF DEATH

State File No. 25150

FILED AUG 9

Registration District No. 3/9 Primary Registration District No. 6081 Registrar's No. 40

1. PLACE OF DEATH:

(a) County Ste Genevieve

(b) City or town ~~Farmington R-4~~ (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution Rural Union Tp. R-4 Farmington (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 Ste Genevieve 95

(c) City or town Farmington 0 (If outside city or town limits write "RURAL")

(d) Street No. R. Route 4 0 (If rural, give location)

(e) If foreign born, how long in U. S. A.? 49 0 years.

3. (a) PRINT FULL NAME MARIA SKRIVAN

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex F 1

5. Color or race W

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

6. (b) Name of husband or wife Frank Skrivan

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

7. Birth date of deceased Dec (Month) 6 (Day) 1869 (Year)

8. AGE: Years 75 Months 7 Days 4 If less than one day ..... hr. ..... min.

9. Birthplace Bohemia 8 (City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business

FATHER
12. Name Mike Cernik
13. Birthplace Bohemia 8 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown 9 (City, town, or county) (State or foreign country)

16. (a) Informant Anna Toler

(b) Address R-4 Farmington Mo

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 7-13-45 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cem. St Louis Mo

18. (a) Signature of funeral director Benham Hud Co

(b) Address 3/3 Benham Bonne Terre Mo

19. (a) July 11/45 (Date received local registrar) (b) T. W. Douglas (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 10th year 1945 hour 12:05 minute P. M.

21. I hereby certify that I attended the deceased from ....., 19..., to ....., 19...; that I last saw h..... alive on ....., 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myo Carditis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause to 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)

While at work? (e) Means of injury 3

23. Signature Leo C. Basler Coroner (M. D. or other)

Address Ste Genevieve Mo Date signed 7/11/45

706

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 4
District File Number 845-906
Date Filed 8-8-45

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 C. J. Claywell
Licensed Embalmer No. 3706
P. O. Address Bonne Terre 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, above space should be left blank.