

FILED APR 16 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **14124**  
Registrar's No. **2021**

318

1003

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. \_\_\_\_\_ PRIMARY REG. DIST. NO. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>St Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>St. Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kirkwood</u> 4713	
c. LENGTH OF STAY (in this place) <u>1 day</u>		d. STREET ADDRESS (If rural, give location) <u>336 N. Madison Ave</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Barnes Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Dolores</u> b. (Middle) <u>B.</u> c. (Last) <u>Cekovsky</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>3 1 52</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Dec 24, 1927</u>
9. AGE (In years last birthday) <u>24</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	11. BIRTHPLACE (State or foreign country) <u>St Louis Mo</u>
10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Walter Powers</u>	13b. MOTHER'S MAIDEN NAME <u>Hazel Riley</u>	14. NAME OF HUSBAND OR WIFE <u>Alvin Cekovsky</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO. <u>409-26-0936</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Alvin Cekovsky</u> ADDRESS <u>336 N. Madison Ave</u>

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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>8 HOURS</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CEREBRAL HEMORRHAGE</u>		
	ANTECEDENT CAUSES DUE TO (b) <u>LEUKEMIA</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. — DUE TO (c) _____ 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 checked="" type="checkbox"/> NO <input type="checkbox"/>
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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>204.3</u>

22. I hereby certify that I attended the deceased from March 1, 1952 to March 1, 1952, that I last saw the deceased alive on March 1, 1952, and that death occurred at 10:09 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Richard J. Sison</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Barnes Hospital</u>	23c. DATE SIGNED <u>3/2/52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>March 5 52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Resurrection</u>
24d. LOCATION (City, town, or county) (State) <u>St Louis Mo</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Carl Smith</u> ADDRESS <u>14124</u>	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>MAR 3 1952</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Carl Smith</u> ADDRESS <u>14124</u>	

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

**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 \_\_\_\_\_

Licensed Embalmer No. 4366

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