

XC-UNKNOWN

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16602

REG.#109460

State File No. _____

FILED APR 29 1953

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 1073

4000

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

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. LOUIS</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>JEFFERSON BARRACKS, MO.</u>		c. LENGTH OF STAY (in this place) <u>20 DAYS</u>	c. CITY OR TOWN <u>ST. LOUIS</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>VETERANS ADMINISTRATION HOSPITAL 3237 S. JEFFERSON</u>			e. STREET ADDRESS (If rural, give location) <u>2249</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>HENRY</u> b. (Middle) <u>J.</u> c. (Last) <u>CERVENKA</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>4-13-53</u>			
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>7-26-78</u>	9. AGE (In years last birthday) <u>74</u>	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) <u>PAPER-HANGER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>DECORATING</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>ST. LOUIS, MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>MICHAEL CERVENKA</u>		13b. MOTHER'S MAIDEN NAME <u>BARBARA (Unknown)</u>		14. NAME OF HUSBAND OR WIFE <u>NONE</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES spaw</u>	16. SOCIAL SECURITY NO. <u>UNKNOWN</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>VA HOSPITAL RECORDS, JEFF. BRKS., MO.</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, asthma, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Posterior Myocardial Infarction</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic heart disease</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Complete heart block</u>			INTERVAL BETWEEN ONSET AND DEATH <u>6 days</u> <u>20 years</u> <u>1 day</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4200</u>		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) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?				
22. I hereby certify that <u>VA</u> attended the deceased from <u>3-24</u> , 19 <u>53</u> , to <u>4-13</u> , 19 <u>53</u> , from the onset of the disease through , and that death occurred at <u>5:50 p.m.</u> , from the causes and on the date stated above.						
23a. SIGNATURE <u>R. A. ALLEN</u>		(Degree or title) <u>R. A. ALLEN, M.D.</u>	23b. ADDRESS <u>VET. ADM. HOSPITAL, JEFF. BRKS., MO.</u>		23c. DATE SIGNED <u>4-13-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>4-16-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>SUNSET BURIAL PARK</u>	24d. LOCATION (City, town, or county) (State) <u>10180 Gravois, St. Louis, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>4-14-53</u>	REGISTRAR'S SIGNATURE <u>Heber T. Danks - M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>8800 S. GRAND BLVD.</u> St. Louis 44, Mo.			

MS

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 *David Van Fossan*.....

Licensed Embalmer No. *4242*

P. O. Address *6355 S. Han*

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.