

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40277**
10275
Registrar's No.

FILED NOV 19 1953

318

1003

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. 1003		Registrar's No. 10275			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY _____					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS MO		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN ST. LOUIS		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION: LITTLE SISTERS POOR				e. STREET ADDRESS (If rural, give location) 24 2006 WITHNELL					
3. NAME OF DECEASED (Type or Print) a. (First) FRED			b. (Middle) _____		c. (Last) CENSKY		4. DATE OF DEATH (Month) (Day) (Year) OCT. 27 1953		
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH MAR. 6 1865		9. AGE (In years last birthday) Months Days Hours Min. 88	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) BOHEMIA			12. CITIZEN OF WHAT COUNTRY? _____	
13a. FATHER'S NAME CHARLES CENSKY			13b. MOTHER'S MAIDEN NAME MAGDALENE SICH			14. NAME OF HUSBAND OR WIFE ANNA CENSKY			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____			16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS THERESA HALAMICEK 5323 ROBERT				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ ANTECEDENT CAUSES _____ *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				arterio sclerosis				3 yrs	
				DUE TO (b) _____ Ch degeneratve myocarditis				6 mo	
				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 type="checkbox"/> NO <input checked="" 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? 4221				
22. I hereby certify that I attended the deceased from Jan 27 1953 to Oct 27 1953 that I last saw the deceased alive on Oct 27 1953 , and that death occurred at 3:15 PM from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Chas P K... M.D.				23b. ADDRESS 607 No Grand		23c. DATE SIGNED 10/29/53			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE OCT. 30 1953		24c. NAME OF CEMETERY OR CREMATORY S. S. PETER & PAUL		24d. LOCATION (City, town, or county) (State) ST. LOUIS MO			
DATE REC'D BY LOCAL REG. OCT 29 1953		REGISTRAR'S SIGNATURE J. Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Thomas Kutis 2906 Marois					

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

Je 7534/1
L 00 0887
170 3 pm

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 *James C. Hill*
Licensed Embalmer No. *4347*

P. O. Address *2906 St. ...*

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.