RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-028201
STATE FILE NUMBER

FILED VS AUG 8 1960

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7363

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis
Length of stay in 1b: 52 yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 5047 Chippewa
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY
c. CITY OR TOWN: St. Louis
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 5047 Chippewa
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First FRANK Middle Last CEBE
4. DATE OF DEATH: Month July Day 23 Year 1960
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: Nov. 7, 1881
9. AGE (last birthday): 78
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): Molder
10b. KIND OF BUSINESS OR INDUSTRY: Foundry
11. BIRTHPLACE (City and state or country): Austria-Hungary
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Frank Cebe
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: Anna Cebe
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): –
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Anna Cebe Address: 5047 Chippewa

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	DISEASE CORONARY ARTERIES	10 yrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	ARTERIO SCLEROSIS	10 yrs
DUE TO (c)	SENILITY	10 yrs

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 420.1

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. I attended the deceased from 10/16/59 to 7/23/60 and last saw her/him alive on 7/19/60
Death occurred at 1500 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Herbert O. Smith M.D.
22b. ADDRESS: 5203 Chippewa St.
22c. DATE SIGNED: 7/23/60

23a. BURIAL, CREMATION, REMOVAL (Specify): Cremation
23b. DATE: July 26, 60
23c. NAME OF CEMETERY OR CREMATORY: Missouri Crematory
23d. LOCATION (City, town, or county) (State): St. Louis, Mo.
24. FUNERAL DIRECTOR ADDRESS: Kutis Funeral Home, Inc. 2906 Gravois
25. DATE RECD. BY LOCAL REG.: JUL 25 1960
26. REGISTRAR'S SIGNATURE: Earl Smith M.D. M.D. J.B.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed_____

Signature of Student Embalmer

Licensed Embalmer No. 3403

P. O. Address 2906 Gra

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