

OURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-038438
STATE FILE NUMBER

AMENDED

Registration District No. 318, Primary Registration District No. 1003, Registrar's No. 9043

FILED OCT 26 1961

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis</u>		Length of stay in 1b <u>21 yrs</u>	c. CITY OR TOWN <u>St. Louis</u>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR <u>Dr. J. J. Cochran Hospital</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>3527 Itaska Street</u>
		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>ROBERT</u> Middle <u>H</u> Last <u>CZESCHIN</u>			4. DATE OF DEATH Month <u>Sept.</u> Day <u>30</u> Year <u>1961</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>12/26/1930</u>	9. AGE (last birthday) <u>30</u> yrs	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>bookkeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>banking</u>	11. BIRTHPLACE (City and state or country) <u>Washington, Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Frank H. Czeschin</u>		13b. MOTHER'S MAIDEN NAME <u>Mabel Lohse</u>		14. NAME OF HUSBAND OR WIFE <u>Patricia McMillan</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes Korean</u>		16. SOCIAL SECURITY NO.	17. INFORMANT <u>Mrs. Patricia Czeschin, 3527 Itaska St.</u>		

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

IMMEDIATE CAUSE (a) Chronic Myocarditis involving the right Ventricle throughout.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Chronic Pancreatitis.

DUE TO (c) _____

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
422.2

PART III. If deceased was female was there a pregnancy in last 90 days.
 Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	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 _____ to _____ and last saw her/him alive on _____
Death occurred at 8:00 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Joseph J. Sullivan</u>	(Degree or title) <u>Dr. A</u>	22b. ADDRESS <u>1300 Clark</u>	22c. DATE SIGNED <u>10-2-61</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>	23b. DATE <u>10/3/61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Laurel Hill Mem. Gardens</u>	23d. LOCATION (City, town, or county) (State) <u>St. Louis County, Missouri</u>

24. FUNERAL DIRECTOR <u>BEIDERWIEDEN F.H. INC., 1936 St. Louis Ave.</u>	25. DATE RECD. BY LOCAL REG. <u>OCT 2 1961</u>	26. REGISTRAR'S SIGNATURE <u>Ward Smith, M.D.</u>
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INST. READ OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

CORONER

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 Homer H. J. J. J.

Licensed Embalmer No. 3882

P. O. Address St. Louis

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.