

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-024275

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 310 Primary Registration District No. J. 58 Registrar's No. 179

LED JUL 12 1962

VS 300  
Rev. 4/59

1 0928

2 0920

3 2

4 1

5 0

6

7 0

8 2

9 4200

10

11

12 1-0

13 4-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>Saint Charles</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> COUNTY <b>St. Charles</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Saint Charles</b>		Length of stay in 1b <b>3 yrs.</b>	c. CITY OR TOWN <b>Cottleville</b>
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Joseph's Hosp.</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Helen A.</b> Middle <b>Czeschin</b> Last <b>Czeschin</b>		4. DATE OF DEATH Month <b>June</b> Day <b>27</b> Year <b>1962</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>Dec. 23, 1910</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>none</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>none</b>	9. AGE (last birthday) <b>51</b>
11a. FATHER'S NAME <b>Ferdinand Czeschin</b>		11. BIRTHPLACE (City and state or country) <b>Gore, Missouri</b>	
13a. FATHER'S NAME <b>Ferdinand Czeschin</b>		13b. MOTHER'S MAIDEN NAME <b>Helena Bunge</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown)   (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Myocardial Infarction</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Arterio sclerotic heart disease</b> DUE TO (c)		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		14. NAME OF HUSBAND OR WIFE <b>none</b>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20c. TIME OF INJURY Hour <b>11:00</b> Month, Day, Year <b>June 1962</b>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>5 1/2</b>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21. I attended the deceased from <b>June 1962</b> to <b>June 1962</b> and last saw her <b>June 27, 1962</b> Death occurred at <b>11:00 A</b> on the date stated above, and to the best of my knowledge, from the causes stated.		20f. CITY, TOWN, OR LOCATION <b>Cottleville, Mo.</b>	
22a. SIGNATURE <b>W. H. [Signature]</b> (Degree or title)		22b. ADDRESS <b>St. Charles, Mo</b>	
22c. DATE SIGNED <b>June 29, 1962</b>		22d. STATE <b>Mo</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>6/30/62</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>E. &amp; R. Cemetery</b>		23d. LOCATION (City, town, or county) <b>Cottleville, Mo.</b>	
24. FUNERAL DIRECTOR <b>Keithly-Davis, O'Fallon, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>6/30/62</b>	
ADDRESS		26. REGISTRAR'S SIGNATURE <b>Marcella [Signature]</b>	

USE BLACK INK OR TYPEWRITER RIBBON

JUL 24 1962

**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 Frank R Amalony

Licensed Embalmer No. 48320

P. O. Address St Charles, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.