

Dr. Czebrinski
3701 Grandel Square
St. Louis, Mo.
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED NOV 22 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10227

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____	
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) St. Louis		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 1101 A McCausland Ave				e. STREET ADDRESS (If rural, give location) 1101 A McCausland Ave			
3. NAME OF DECEASED (Type or Print) Mario		a. (First) _____ b. (Middle) _____ c. (Last) Shultz		4. DATE OF DEATH (Month) (Day) (Year) 11-9-1954			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow		8. DATE OF BIRTH 11-25-1893	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY ***		11. BIRTHPLACE (City and State or Foreign Country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME John A. Jassauer		13b. MOTHER'S MAIDEN NAME Philipino Irion		14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 496-18-8925		17. INFORMANT'S SIGNATURE OR NAME Mario Neil		ADDRESS 1101 A McCausland Ave	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Myocardial Infarction INTERVAL BETWEEN ONSET AND DEATH 1 min ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive Cardio-Vascular Disease 6 yrs DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic arterio-sclerosis 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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) (Minute) _____	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 443X					
22. I hereby certify that I attended the deceased from Dec 1 , 19 50 , to 11/9 , 19 54 , that I last saw the deceased alive on Oct 20 , 19 54 , and that death occurred at 10:00 A.M. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Edward W. Czebrinski M.D.				23b. ADDRESS 3701 Grandel Sq		23c. DATE SIGNED 11/11/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 11-12-1954		24c. NAME OF CEMETERY OR CREMATORY Vallhalla Cemetery		24d. LOCATION (City, town, or county) (State) 7600 St. Charles Rock Road Mo	
DATE REC'D BY LOCAL REG. NOV 12 1954		REGISTRAR'S SIGNATURE J. Carl Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Mo Ziegenfuss 6409 Gravois Ave			
(Licensed Embalmer's Statement on Reverse Side)							