

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

42114

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No.....
City St. Louis (No. 3901, Parker Av)

File No.....
Registered No. 11239
St. Ward

2. FULL NAME

George Cibulka Jr.
(a) Residence, No. 3901 Parker Av, 18 Ward.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sophia Della Cibulka

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 2-1885

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, or min.
	<u>47</u>	<u>9</u>	<u>14</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Organist 319
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Old Cathedral
10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo

13. NAME George A. Cibulka

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo

15. MAIDEN NAME Mary Vandas

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo

17. INFORMANT (ADDRESS) Sophia Della Cibulka 3901 Parker Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE SSP, Publ DATE Dec 19 1932

19. UNDERTAKER (ADDRESS) Thos. Rutis 2906 Broadway Ave

20. FILED DEC 18 1932 W. C. Stankiewicz Registrar.

MEDICAL CERTIFICATE OF DEATH

3 21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 16, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 10, 1932, to Dec 16, 1932. I last saw him alive on Dec 16, 1932. Death is said to have occurred on the date stated above, at 9 P. m.

The principal cause of death and related causes of importance were as follows:
1158
1058
Cancer of Tongue
Date of onset Feb 5 32

Other contributory causes of importance:
1158 Hemorrhage
1058
Removal of glands of neck
Name of operation Lat Date of July 32
What test confirmed diagnosis? Lat Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 19.....
Where did injury occur?..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify about 5. Bing, M. D.
(Signed) 1841 S. 12th
(Address)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

