

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

Do not use this space.

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
Township..... Primary Registration District No. **1003**  
City **St. Louis** (No. **2125 Allen**)

File No. **6663**  
Registered No. **1511**  
St. .... Ward)

**2. FULL NAME**

**William Cizek**  
(a) Residence, No. **2125 Allen** St., **23** Ward.

(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred **50** yrs. mos. ds. How long in U. S., if of foreign birth? **50** yrs. mos. ds.

**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 **Barbara Cizek**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **July 25, 1863**

7. AGE YEARS **70** MONTHS **7** DAYS **15** If LESS than 1 day, ..... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Tailor**

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

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) **Bohemia**

13. NAME **Unknown**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Bohemia**

15. MAIDEN NAME **Unknown**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Bohemia**

17. INFORMANT **Barbara Cizek** (ADDRESS) **2125 Allen**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Sunset** DATE **2-12-34**

19. UNDERTAKER **W. C. Moydeel** (ADDRESS) **1926 Allen**

20. FILED **Feb 16 1934** **J. F. Bredeck** Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **2-10-34**

22. I HEREBY CERTIFY That I attended deceased from **Aug 11** 19**33** to **Feb 10** 19**34**

I last saw him alive on **Feb 10** 19**34** Death is said

to have occurred on the date stated above, at **6 A** m.

The principal cause of death and related causes of importance were as follows:

**Ray carcinoma of stomach**

Date of onset **Aug 11 1933**

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

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? **no**

If so, specify (Signed) **A. E. Therk** M. D.

(Address) **2540 W. Jefferson**

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.

