

FEB 10 1936

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

Do not use this space.

2790

1. PLACE OF DEATH

County St. Louis Registration District No. 787
Township Murman Primary Registration District No. 6032
City Eureka, Mo. (No. Eureka, Mo.)

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME Joseph Cihak

(a) Residence, No. Eureka, Mo. St. _____ Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? 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) Theresa Cihak
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 5, 1880
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 47 6 17

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Caretaker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Large Farm
10. Date deceased last worked at this occupation (month and year) Jan. 25, 1936 11. Total time (years) spent in this occupation. 10

12. BIRTHPLACE (CITY OR TOWN) High Ridge Mo. (STATE OR COUNTRY)

FATHER 13. NAME Frank Cihak

14. BIRTHPLACE (CITY OR TOWN) Udunawer (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Mary Chott

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

17. INFORMANT Walter Cihak (ADDRESS) Eureka, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Funeral Home DATE Jan. 27, 1936

19. UNDERTAKER Superior Funeral Home (ADDRESS) Bellevue, Mo.

20. FILED Jan 26, 1936 Wm. J. S. Jelle Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 25, 1936

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 9:15 m. A.M.

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

Varicosa- Pericardial- Veins with rupture Hemipericardia.

Date of onset

Other contributory causes of importance: Pericardial hemorrhage, Heart shock

Name of operation _____ Date of _____
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

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) Superior _____, M. D.

(Address) 3718 Jennings St. Eureka, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

History: Was cranking machine, death caused from strain or exertion which caused pericardial hemorrhage.