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.

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

Do not use this space.

JUN 12 1937

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 18401

Township ..... Primary Registration District No. 1003 Registered No. 4977

City St. Louis, Mo (No. 2646, Potomac-Lutheran Hospital St. ..... Ward)

2. FULL NAME Andrew Cihaj

(a) Residence, No. 801 DeMun St., N R Ward. Richmond Hts. Mo.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 3 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): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF — —

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 2 - 1913

7. AGE: 24 YEARS, 4 MONTHS, 14 DAYS. If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Theological Student
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) BYSEVILLE OHIO

FATHER

13. NAME Martin Cihaj
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Czecho Slovaki

MOTHER

15. MAIDEN NAME Sophie Kolesar
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Czecho Slovaki

17. INFORMANT (ADDRESS) Martin Cihaj Cleveland Ohio

18. BURIAL, CREMATION, OR REMOVAL Lutheran Cemetery PLACE Cleveland, Ohio DATE May 19 1937

19. UNDERTAKER (ADDRESS) Beiderwieden Funeral Home 1936 St Louis Ave

20. FILED MAY 17 1937 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 17, 1937

22. I HEREBY CERTIFY, That I attended deceased from Apr 27, 1937, to May 17, 1937

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 9:35 P. m.

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

	Date of onset
Pneumonia Lobar	May 6

108

Other contributory causes of importance: Follicular Tonsillitis Cellulitis of neck Results of Tonsillitis non-diphtheretic — Apr 27

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

What test confirmed diagnosis? Clinical 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) Dr A M Trueck, M. D.

(Address) 3651 Grandel Sq.