

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

Do not use this space.

1. PLACE OF DEATH *17-1937*
 County *Washington* Registration District No. *35* File No. *19482*
 Township *St. Joseph* Primary Registration District No. *300* Registered No. *573*
 City *St. Joseph, Mo.* (No. *41, 04 St. Joseph Ave.* St. *1* Ward)
 2. FULL NAME *Charles Louis Cich*
 (a) Residence, No. *4104 St. Joseph Ave.* Ward. *1*
 (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

MEDICAL CERTIFICATE OF DEATH

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *May Ringen*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Apr. 27 1878*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
59 0 17

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Retired*
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Insurance, Baltimore*
 10. Date deceased last worked at this occupation (month and year) *May 13 37* 11. Total time (years) spent in this occupation *37 years*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ind.*

FATHER 13. NAME *Do Not Know*
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Do Not Know*

MOTHER 15. MAIDEN NAME *Do Not Know*
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Do Not Know*

17. INFORMANT *Mr. May Cich* (ADDRESS) *St. Joseph, Mo.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Ashland Cem.* DATE *May 17 1937*

19. UNDERTAKER *Stamer Funeral Home* (ADDRESS) *St. Joseph, Mo.*

20. FILED *MAY 17 1937* *H. J. McElbush* Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *May 14 1937*

22. I HEREBY CERTIFY, That I attended deceased from *5-15*, 19*37*, to *May 14 1937*, 19*37*.
 I last saw him alive on *May 14 1937*, 19*37*. Death is said to have occurred on the date stated above, *10:00 P.M.*
 The principal cause of death and related causes of importance were as follows:
Acute Coronary Thrombosis 6/6/37
 Date of onset

Other contributory causes of importance: *none*

Name of operation *None* Date of *None*
 What test confirmed diagnosis *History* Was there an autopsy? *No*

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? *None* Date of injury *None*, 19*37*
 Where did injury occur? *None* (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury *None*
 Nature of injury *None*

24. Was disease or injury in any way related to occupation of deceased? *No*
 If so, specify *None*
 (Signed) *H. J. McElbush* M. D.
 (Address) *St. Joseph, Mo.*

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.

