

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

20239

Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **791**
 (b) Township..... Primary Registration District No. **1003**
 (c) City..... St. Louis (d) Street No. City Hospital No. 1 St. **5083**
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Charles Cizl

(a) Residence, No. 1602 South 11th St. (Usual place of abode, if no street address, write county or city) **23** (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 married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 24, 1887

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
<u>51</u>		<u>6</u>	<u>9</u>	

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. shoe worker
 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 **7**

13. NAME Thomas Cizl **9**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bohemia **7**

15. MAIDEN NAME Theresa Balek

15. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bohemia

17. INFORMANT (ADDRESS) Hosp. Info M. Kent

18. BURIAL, CREMATION, OR REMOVAL PLACE New SS. Peter & Paul DATE June 6, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Wm. C. Moydell
1926 Allen Ave.

20. FILED JUN 6 1939 J. D. Brubaker Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/3/39, 19

22. I HEREBY CERTIFY, That I attended deceased from 4/28/39 to 6/3/39, 19
 I last saw him alive on 6/3/39, 19. Death is said to have occurred on the date stated above, at 3.45 a.m.

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

Pulmonary Tbc
Bronchitis

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? 1
 If so, specify (Signed) Jose L. Lucido, M. D.
 (Address) City Hospital No. 1

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.

FORM 1 X 18605

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Benj. C. Duncan

Licensed Embalmer No. 2274

P. O. Address 1926 Allen Ave

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.