

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **27059**
Registrar's No. **6955**

Registration District No. **791** Primary Registration District No. **1003**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St. Louis, Mo
(b) City or town St. Louis, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1215 Geyer, Av.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Helen Cizek 270

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife William Cizek 6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased: Aug 16 1885
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
54 11 29 hr. min.

9. Birthplace St. Louis, Mo (City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business

MOTHER FATHER { 12. Name Anton Kuda
13. Birthplace Czechoslovakia (City, town, or county) (State or foreign country)
14. Maiden name Anna Zafesky
15. Birthplace Czechoslovakia (City, town, or county) (State or foreign country)

16. (a) Informant Wm Cizek
(b) Address 1215 Geyer

17. (a) Burial (b) Date thereof 8/19/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation S. S. Pater & Paul

18. (a) Signature of funeral director J. C. Maydell

(b) Address 1926 Allen, Ave.

19. (a) AUG 18 1940 (b) J. J. Prudeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis 23
(If outside city or town limit write "RURAL")
(d) Street No. 1215 Geyer, Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 15
year 1940 hour 10 minute 35 P.M.

21. I hereby certify that I attended the deceased from October 1
1940 to August 15, 1940
that I last saw her alive on August 2, 1940
and that death occurred on the date and hour stated above.
Immediate cause of death Coronary Embolism Duration _____

Due to Chronic myocarditis

Due to Hypothyroidism

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations U
Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place) _____
While at work? (a) Days of injury 1

23. Signature Chas. H. Wansberg (M.D. or other) _____
Address 3232 Lafayette Date signed 8/16/40

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.

2222

P. O. Address

1926 Allen

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.