

FILED MAR 25 1941 791

Registration District No. _____

Primary Registration District No. _____

Registrar's No. **1405**

1. PLACE OF DEATH:

(a) County _____

(b) City or town **Saint Louis Missouri**

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
In this community **3431-A Iowa Ave.** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Anton Cizek**

3. (b) If veteran, name war _____

3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Anna Cizek** 6. (c) Age of husband or wife if alive **62** years

7. Birth date of deceased **July 30th, 1875**
(Month) (Day) (Year)

8. AGE: Years **65** Months **6** Days **10** If less than one day _____ hr. _____ min.

9. Birthplace **Saint Louis Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Patern Maker**

11. Industry or business _____

MOTHER FATHER { 12. Name **Anton Cizek**

13. Birthplace **Unknown Unknown**
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

15. Birthplace **Unknown Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Anna Cizek**

(b) Address **3431-A Iowa Ave.**

17. (a) **Burial** (b) Date thereof **Feb. 13th, 41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **New Pickers Cemetery**

18. (a) Signature of funeral director **Ziegenhein Bro.**

(b) Address **2523 Cherokee Street**

19. (a) **FEB 12 1941** (b) **J. W. Buech**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **MO**

(c) City or town **Saint Louis, 1794**
(If outside city or town limits, write "RURAL")

(d) Street No. **3431-A Iowa Ave.**
(If rural, give location)

(e) If foreign born, how long in U. S. A.? **0** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **February**, day **10th**, year **1941**. hour **6** minute **0** A. M.

21. I hereby certify that I attended the deceased from **2/3** to **2/10**, 19**41**, that I last saw him alive on **2/13**, 19**41**, and that death occurred on the date and hour stated above.

Immediate cause of death **Myocarditis**

Due to **Chronic Nephritis**

Due to _____

Other conditions (include pregnancy within 3 months of death) **MI**

Major findings: Of operations _____

Of autopsy _____

Duration _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury **Tree**

23. Signature **Stuever** (M. D. or other) _____

Address **4245 Virginia** Date signed **2/10/41**

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

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

V E Morris

Licensed Embalmer No. *3360*

P. O. Address *2623 Cherokee*

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, fact should be so stated above.