

S. No. 2  
M-5-42  
5-17-39  
X32873

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED OCT 6 1942  
Registration District No. 318

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH  
1003

29318  
State File No.  
8110  
Registrar's No.

1. PLACE OF DEATH:  
(a) County St. Louis, Mo.  
(b) City or town St. Louis, Mo.  
(c) Name of hospital or institution: Alexian Bros. D  
(d) Length of stay: In hospital or institution one day  
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County 000  
(c) City or town St. Louis, Mo. 16/7  
(d) Street No. 3728 Spring Ave. 7  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country.

3. (a) PRINT FULL NAME Frank Zicha  
3. (b) If veteran, name war No  
3. (c) Social Security No

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Sept., day 30  
year 1942 hour 9 minute A. M.

4. Sex Male 0  
5. Color or race White  
6. (a) Single, widowed, married, divorced Wid. 3  
6. (b) Name of husband or wife Beatrice Zicha  
6. (c) Age of husband or wife if alive years  
7. Birth date of deceased Unknown about, 1892  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 1939, to September 30 1942  
that I last saw him alive on September 30 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death: Acute Cardiac Dilatation  
Duration 1 day

8. AGE: Years Months Days If less than one day  
about. 50 Unknown hr. min.

Due to Hypertrophy of Heart  
Endocarditis Myocardial  
Due to Ch. Intercostal replitis  
a Diabetes Mellitus  
Other conditions (Include pregnancy within 3 months of death)  
Major findings: none  
Of operations: none  
Of autopsy: Same as above

9. Birthplace Czechoslovakia  
(City, town, or county) (State or foreign country)

10. Usual occupation Confectioner S. & R. Owner

11. Industry or business

12. Name Frank Zicha

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

14. Maiden name Agnes Mikulas

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

16. (a) Informant William Zicha

(b) Address 1916 Sidney Str.

17. (a) Cremation (b) Date thereof Oct. 3, 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Missouri crematory

18. (a) Signature of funeral director J. F. Maxwell  
(b) Address 1926 Allen Ave.

19. (a) SEP 30 1942 J. F. Bedesch  
(Date received local registrar) (Registrar's signature)

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) none  
(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? no (Specify type of place) (c) Means of injury none  
23. Signature J. F. Bedesch (M. D. or other) M.D.  
Address 2767 Marais Date signed 9-30-42

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

MOTHER FATHER

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

Signed John E. Moydell

Licensed Embalmer No. 1467

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, fact should be so stated above.**