No. 2
1/47
17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 33494
Registrar's No. 9133

FILED OCT 11 1947 77924

Registration District No. 1518

Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis, Missouri.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ST. LOUIS CITY HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 100
(c) City or town St Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 2012a Franklin Av 9
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 21 0
If yes, name country

3. (a) PRINT FULL NAME MARTIN CIBULKA
3. (b) If veteran, name war
3. (c) Social Security No. 496-22-7188
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Anna
6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased Jan (Month) 6 (Day) 1876 (Year)

8. AGE: Years 71 Months 8 Days 25 If less than one day hr. min.

9. Birthplace Czechoslovakia 6
(City, town, or county) (State or foreign country)
10. Usual occupation Labor
11. Industry or business
FATHER
12. Name George Cibulka 1
13. Birthplace Czechoslovakia 10
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace Unknown 4
(City, town, or county) (State or foreign country)
16. (a) Informant Anna Cibulka
(b) Address 2012a Franklin Av
17. (a) Burial (b) Date thereof 10/4/47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Richwoods Missouri
18. (a) Signature of funeral director [signature]
(b) Address 1926 Allen Av
19. (a) OCT 2 1947 (b) J F Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 1st
year 1947 hour 6:30 minute P M.
21. I hereby certify that I attended the deceased from 9/26/47
1, 19, to Oct. 1st 1947
that I last saw him alive on Oct. 1st 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis
Carcinoma esophagus
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause of 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 (e) Means of injury
23. Signature Joseph E. Pleasant MD
Address 1515 Lafayette Date signed 10/2/47

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

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 me

..... Registered Apprentice No. .....,

working under my personal supervision.

Signed Benj F Duncan

Licensed Embalmer No. 2272

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, fact should be so stated above.