V. S. No. 2
50M—1/47
Rev. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10051
Registrar's No. 2580

FILED MAR 25 1948

Registration District No. 318 — Primary Registration District No. 1003

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17
9

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

1. PLACE OF DEATH:

(a) County 0

(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: Lutheran Hospital. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 days (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000

(c) City or town St. Louis, Mo. (If outside city or town limits, write "RURAL") 17

(d) Street No. 4046 a Flad Ave. (If rural, give location) 9

(e) Citizen of foreign country? 17 (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME John Cizek.

3. (b) If veteran, name war Spanish American War.

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married. 1

6. (b) Name of husband or wife Nora Cizek.

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased Aug 16, 1882. (Month) (Day) (Year)

8. AGE: Years 65 Months 6 Days 26 If less than one day ... hr. ... min.

9. Birthplace St. Louis, Mo. (City, town, or county) (State or foreign country) 0

10. Usual occupation Retired.

11. Industry or business

FATHER
12. Name Martin Cizek.
13. Birthplace Czechoslovakia. (City, town, or county) (State or foreign country) 6

MOTHER
14. Maiden name Unknown.
15. Birthplace Unknown. (City, town, or county) (State or foreign country) 9

16. (a) Informant Nora Cizek

(b) Address 4046a Flad Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 16, 1948. (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director J. J. [illegible]

(b) Address 1389 Union Blvd.

19. (a) MAR 15 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 12 year 1948 hour 9 minute 45 P M.

21. I hereby certify that I attended the deceased from Mar 3 1948, 19..., to Mar 12, 1948 that I last saw him alive on Mar 12, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Degenerative Heart disease	yr. yrs.
Due to arteriosclerosis	"
Due to 93	
Other conditions (Include pregnancy within 3 months of death): Bronchopneumonia, bilateral	

Major findings:
Of operations
Of autopsy

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 0

23. Signature Bernard McKenna (M. D. or other) MD

Address 3701 Grandel Sq. Date signed 3-15-48

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.....

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

Signed.....

Licensed Embalmer No.....4053.....

P. O. Address.....

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.