

FILED APR 20 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13903

State File No. 3262
Registrar's No.

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. _____

1. PLACE OF DEATH
a. COUNTY _____

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI b. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS Mo c. LENGTH OF STAY (in this place) _____

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS 2239

d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION LITTLE FLOWER RETREAT HOUSE
STREET ADDRESS (If rural, give location) 2500 S. 18th ST.

3. NAME OF DECEASED
a. (First) ANNA b. (Middle) J. c. (Last) CIZEK

4. DATE OF DEATH (Month) (Day) (Year) APRIL 4 1951

5. SEX FEMALE 6. COLOR OR RACE WHITE 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED 8. DATE OF BIRTH MAY 12 1869 9. AGE (In years last birthday) 81 If under 1 year: Months _____ Days _____ If under 1 mo. Hours _____ Mins. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) WIDOW 10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (State or foreign country) MISSOURI 12. CITIZEN OF WHAT COUNTRY? U

13a. FATHER'S NAME JOSEPH BLAHA 13b. MOTHER'S MAIDEN NAME UNKNOWN 14. NAME OF HUSBAND OR WIFE ANTON CIZEK (DECEASED)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ 16. SOCIAL SECURITY NO. _____ 17. INFORMANT'S SIGNATURE OR NAME ADDRESS EDWARD BAKULA 3616 UNION RD

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of ovary metastasis
ANTECEDENT CAUSES
* This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. _____ DUE TO (b) _____
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS (b) Arteriosclerotic CV disease (c) Diabetes
Conditions contributing to the death but not related to the disease or condition causing death. _____
INTERVAL BETWEEN ONSET AND DEATH Uncertain
Uncertain
Uncertain

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION none 20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) none 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? 175X

22. I hereby certify that I attended the deceased from March 1943, to Apr. 4, 1951, that I last saw the deceased alive on Apr. 3, 1951, and that death occurred at 9:15 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Henry C. Oppenheimer, M.D. 23b. ADDRESS 508 N. Grand Blvd., Ste 3 23c. DATE SIGNED Apr. 6, 1951

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 24b. DATE APRIL 7 1951 24c. NAME OF CEMETERY OR CREMATORY S. S. PETER + PAUL 24d. LOCATION (City, town, or county) (State) ST. LOUIS Mo

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE APR 6 1951 J. B. Foster 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Thomas Kutis 2906 Garwood

WRITE PLAINLY—USING 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Samuel C. Hill

Licensed Embalmer No. _____

43479

P. O. Address _____

2906 Grand

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.