

FILED SEP 28 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32221

BIRTH NO. _____		REG. DIST. NO. 162		PRIMARY REG. DIST. NO. 5595		Registrar's No. 80	
1. PLACE OF DEATH a. COUNTY JEFFERSON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution) a. STATE MO b. COUNTY JEFFERSON			
b. CITY (If outside corporate limits, write RURAL and give township) ROCK TOWNSHIP		c. LENGTH OF STAY (In this place) 7 DAYS		c. CITY (If outside corporate limits, write RURAL and give township) ROCK TOWNSHIP 0500			
d. FULL NAME OF HOSPITAL OR INSTITUTION FOUR OAKS				d. STREET ADDRESS (If rural, give location) NEAR KIMMSWICK MO			
3. NAME OF DECEASED (Type or Print) a. (First) JOSEPH b. (Middle) CIHAK c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) SEPT. 15-1953				
5. SEX MALE	6. COLOR OR RACE W	7. MARRIED-NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH OCT 2 1866		9. AGE (In years last birthday) 87 If UNDER 1 YEAR: Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED FARMER		10b. KIND OF BUSINESS OR INDUSTRY FARMER		11. BIRTHPLACE (City and State or Foreign Country) GLEN CARBON ILL.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME JOSEPH CIHAK SR		13b. MOTHER'S MAIDEN NAME ANNA BROOK		14. NAME OF HUSBAND OR WIFE MARTHA CIHAK			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. unknown		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS BEN. FRIEDMAN 5408 ATASMA AVE ST LOUIS MO			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary artery disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) Arteriosclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 42291				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Jefferson MO			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? fall			
22. I hereby certify that I attended the deceased from Sept 11, 1953 , to Sept 15, 1953 that I last saw the deceased alive on 9/12/53 , and that death occurred at 8:45 P.M. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Joseph M. ...				23b. ADDRESS Jefferson MO		23c. DATE SIGNED Sept 16 1953	
24a. BURIAL CREMATION, REMOVAL (Specify) BURIAL		24b. DATE SEPT 18 1953		24c. NAME OF CEMETERY OR CREMATORY SANDY BAPTIST		24d. LOCATION (City, town, or county) (State) PEVELY MO	
DATE REC'D BY LOCAL REG. Sept 19-1953		REGISTRAR'S SIGNATURE Ruth J... 438		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS HEILIGTAG FUNERAL HOME IMPETIAR MO			

0500
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED SEP 23 1953

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 Elmer A. Aligtag

Licensed Embalmer No. 3591

P. O. Address Imperial MO

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.