

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **6028**
1173
Registrar's No. _____

BIRTH NO. **FILED MAR 4 1954** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1002**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN) St Louis		c. CITY OR TOWN St Louis	
c. LENGTH OF STAY (in this place) 25 yrs		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 5207 Sunshine Dr.		e. STREET ADDRESS (If rural, give location) 5207 Sunshine Dr. 2029	
3. NAME OF DECEASED (Type or Print) a. (First) Joseph b. (Middle) c. (Last) Cizek		4. DATE OF DEATH (Month) (Day) (Year) Feb 5, 1954	
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Aug 2, 1882
9. AGE (In years last birthday) 71		IF UNDER 1 YEAR Months Days	IF UNDER 1 MRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) St Louis Mo.
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Anton Cizek	
13b. MOTHER'S MAIDEN NAME Mary Stuckl		14. NAME OF HUSBAND OR WIFE Olga Cizek	
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.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Olga Cizek 5207 Sunshine Dr.
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive Heart Dis INTERVAL BETWEEN ONSET AND DEATH 12-4-47 ANTECEDENT CAUSES DUE TO (b) None Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____	
19a. DATE OF OPERATION None	19b. MAJOR FINDINGS OF OPERATION _____		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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 443X	
22. I hereby certify that I attended the deceased from 12-4-1947 to 2-5-47 , 19____, that I last saw the deceased alive on 2-4-1954 , and that death occurred at 7:00A m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Philip Schuck 74100		23b. ADDRESS 1703 S Grand	23c. DATE SIGNED 2-5-47
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 2/8/54	24c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park	24d. LOCATION (City, town, or county) (State) Afton Mo.
DATE REC'D BY LOCAL REG. FEB 6 1954	REGISTRAR'S SIGNATURE J. Earl Smith Md	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J L Ziegenhein & Sons 7027 Gravois	

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.....
Signature of Student Embalmer

Signed..... *C.P. Tidwell*

Licensed Embalmer No. *387*

P. O. Address *7027*

**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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.**