

FILED FEB 8 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **43491**BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **11156**

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Missouri b. COUNTY St. Louis						
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis,		c. LENGTH OF STAY (in this place) DOA		c. CITY OR TOWN Lemay 4860		d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION Alexian Bros Hospital			e. STREET ADDRESS (If rural, give location) 2615 Telegraph Rd						
3. NAME OF DECEASED (Type or Print) EMIL			a. (First)		b. (Middle) GIZMAS		c. (Last)		
4. DATE OF DEATH			(Month) Dec.		(Day) 5.		(Year) 1954		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Nov. 9, 1905		9. AGE (In years last birthday) 49	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		10b. KIND OF BUSINESS OR INDUSTRY Construction		11. BIRTHPLACE (City and State or Foreign Country) Romania 6			12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME Stefan Cizmas			13b. MOTHER'S MAIDEN NAME Rose Teretean			14. NAME OF HUSBAND OR WIFE Lucy Cizmas			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. No 492-02-5174		17. INFORMANT'S SIGNATURE OR NAME Lucy Cizmas, 2615 Telegraph Rd.				
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) Acute upper respiratory infection ANTECEDENT CAUSES Chronic sclerotic cardio-vascular disease Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) Disease II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. acute upper respiratory infection					INTERVAL BETWEEN ONSET AND DEATH 2 wks 3 mo 5 days	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION none						20. AUTOPSY YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) none		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) none		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) none		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) none			
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? none		22. I hereby certify that I attended the deceased from Dec 2nd, 1954 to Dec 5th, 1954 , that I last saw the deceased alive on Dec 5, 1954 , and that death occurred at 4 P. m. , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) Supper Plumpe MD			23b. ADDRESS 3933 S. Grand			23c. DATE SIGNED Dec 7 1954			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12/8/54		24c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cemetery		24d. LOCATION (City, town, or county) (State) Lemay 23, Mo			
DATE REC'D BY LOCAL REG. DEC 7 1954		REGISTRAR'S SIGNATURE J. Carl Smith MD			25. FUNERAL DIRECTOR'S SIGNATURE Fendler Und. Co., 7420 Michigan Ave.				

(Licensed Embalmer's Statement on Reverse Side)

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 *W. G. Peterson*.....

Licensed Embalmer No. *376*

P. O. Address *7420 Mi*

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.