

MAY 25 1934

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

## 1. PLACE OF DEATH

County *St. Louis*  
Township *Central*  
City *Wallerstein*

Registration District No. *789*Primary Registration District No. *6033-B*File No. *17964*Registered No. *122*

## 2. FULL NAME

(a) Residence, No. *6201 Lenox Ave* St. *Lenox Ave* Ward.

Length of residence in city or town where death occurred yrs. mos. ds.

(If nonresident, give city or town and State) yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Female</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Widowed</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Jacob Cich</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>January 18, 1866</i>		
7. AGE	YEARS <i>68</i>	MONTHS <i>3</i>
	DAYS <i>13</i>	IF LESS than 1 day, .....hrs. or .....min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Housewife</i>	11. Total time (years) spent in this occupation
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>At home</i>	
	10. Date deceased last worked at this occupation (month and year)	
MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Germany</i>	
	13. NAME <i>Don't know</i>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Germany</i>	
	15. MAIDEN NAME <i>Don't know</i>	
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Germany</i>		
17. INFORMANT <i>Mrs. Fred Cich</i> (ADDRESS) <i>6201 Lenox Ave</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Valhalla Court</i> DATE <i>May 3, 1934</i>		
19. UNDERTAKER <i>Geo. L. Pleitach Inc</i> (ADDRESS) <i>5966 Eastern Ave</i>		
20. FILED <i>5-2-</i> 19 <i>34</i> <i>H. Boehmer</i> Registrar.		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *May 1, 1934*

22. I HEREBY CERTIFY That I attended deceased from *Oct 30, 1934* to *May 1, 1934*

I last saw her alive on *May 1, 1934* Death is said to have occurred on the date stated above, at *10:45 a.m.*

The principal cause of death and related causes of importance were as follows:  
*Ch Myocarditis* Date of onset *3 yrs*

Other contributory causes of importance  
*His Cates* *1 week*

Name of operation *none* Date of

What test confirmed diagnosis? *none* Was there an autopsy? *no*

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? *no* Date of injury , 19   
Where did injury occur? *no* (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.  
*no*

Manner of injury *no*

Nature of injury *no*

24. Was disease or injury in any way related to occupation of deceased?  
If so, specify *no*  
(Signed) *L. W. Weber*  
(Address) *240 California*

WHITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

2840<sup>a</sup> California  
9 to 10 1/2 m. am.

Lacleds 9007

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