DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 13029

FILED MAY 15 1940

Registration District No. 791 , Primary Registration District No. 1003

Registrar's No. 3231

1. PLACE OF DEATH:
(a) County St. Louis, Missouri
(b) City or town (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Sanitarium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10yrs. 8mo. 9days (Specify whether years, months or days)
In this community 50 years.

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis 13 23 (If outside city or town limits, write "RURAL")
~~1809 Dolman St.~~ Street No. 5400 Arsenal (If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME FRANK CIHLA 400

3. (b) If veteran, name war No

3. (c) Social Security No. Unknown

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife Single

6. (c) Age of husband or wife if alive years

7. Birth date of deceased About 1862 (Month) (Day) (Year)

8. AGE: Years About 78 | Months | Days | If less than one day hr. min.

9. Birthplace Unknown (City, town, or county) Europe (State or foreign country)

10. Usual occupation Lather

11. Industry or business

FATHER
12. Name John Cihla
13. Birthplace Unknown (City, town, or county) Europe (State or foreign country)

MOTHER
14. Maiden name Mary (Unknown)
15. Birthplace Unknown (City, town, or county) Europe (State or foreign country)

16. (a) Informant's own signature Peter Cihla
(b) Address 5400 Arsenal St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-10-40 (Month) (Day) (Year)
(c) Place: burial or cremation SS Peter & Paul Cem.

18. (a) Signature of funeral director C. Hoffmeister H. & L. Co.
(b) Address 7814 S. Broadway, St. Louis Mo.

19. (a) APR 8 1940 (Date received local registrar) (b) J. F. Budich (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 6 year 1940 hour 4:30 minute P. M.

21. I hereby certify that I attended the deceased from 11-15, 1939, to April 6, 1940, that I last saw him alive on April 6, 1940, and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Chronic Myocarditis 11-15-39x | |
| Due to Generalized Arteriosclerosis 11-15-39x | |
| Due to Cerebral Arteriosclerosis 11-15-39x | |
| Other conditions (Include pregnancy within 3 months of death) | |

Major findings:
Of operations
Of autopsy No

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature Harry Boers (M. D. or other)
Address 5400 Arsenal St Date signed

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

Rev. 5-17-39 1 X19511

## 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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Edwin H. Leibinger

Licensed Embalmer No. 4049

P. O. Address 6464 Chippewa

**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, above space should be left blank.**