

Registration District No. **791**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County **St Louis**
(b) City or town **St Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **St Anthonys Hosp**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **73 Days**
In this community **Life**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. L.**
(c) City or town **Webster Groves**
(If outside city or town limits, write "RURAL")
(d) Street No. **313 Arbor Lane**
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept** day **13**
year **1941** hour **5** minute **45** A. M.

21. I hereby certify that I attended the deceased from **11/29**, 19**40**, to **Sept 13**, 19**41**;
that I last saw him alive on **Sept 13**, 19**41**;
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Myocarditis** Duration **3 months**

Due to **Coronary Sclerosis** Duration **9 months**

Due to **Ascites** Duration **2 weeks**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **MI**
Of autopsy **MI**

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? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature **Albert G. Brink** (M. D. or other) **D**
Address **1841 A 12th** Date signed **9/15/41**

3. (a) PRINT FULL NAME **William G. Cibulka Sr**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **No**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **Alice** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **Feb 18, 1869**
(Month) (Day) (Year)

8. AGE: Years **72** Months **6** Days **25** If less than one day hr. _____ min. _____

9. Birthplace **St Louis** **Mo**
(City, town, or county) (State or foreign country)

10. Usual occupation **Musician**

11. Industry or business _____

12. Name **Frank Cibulka**

13. Birthplace **New York**
(City, town, or county) (State or foreign country)

14. Maiden name **Mary Vandas**

15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **William Cibulka Jr**

(b) Address **1119 Wilmington**

17. (a) **Burial** (b) Date thereof **9/16/41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Old St Peter & Paul Cem.**

18. (a) Signature of funeral director **Oscar J. Hoffmeister**

(b) Address **4016 Chippewa**

19. (a) **SEP 15 1941** (b) **J. R. Brudick**
(Date received local registrar) (Registrar's signature)

WRITE PLAINLY—USE 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.....

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

working under my personal supervision.

Signed *Ernest W. Spillers*

Licensed Embalmer No. *4080*

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.