

FILED JAN 22 1948

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3286
State File No. _____
Registrar's No. 486

Registration District No. _____

318

Primary Registration District No. _____

1003

1. PLACE OF DEATH:

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

2. USUAL RESIDENCE OF DECEASED:

Missouri (b) County 620
(a) State _____ (b) County _____
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17
(d) Street No. 1817a S. 9th Street (If rural, give location) 9
23
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME ANDREW W. ZISKA

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

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

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

7. Birth date of deceased October 24-1894
(Month) (Day) (Year)

8. AGE: Years 53 Months 2 Days 21 If less than one day _____ hr. _____ min.

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

10. Usual occupation Laborer

11. Industry or business _____

12. Name Andrew Ziska

13. Birthplace Czechoslovakia
(City, town, or county) (State or foreign country)

14. Maiden name Anna Streitz

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

16. (a) Informant Julia Weick

(b) Address 1817a S. 9th Street

17. (a) Burial (b) Date thereof 1-17-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Picker

18. (a) Signature of funeral director Myrdell Mnd. Co

(b) Address 1926 Allen Avenue

19. (a) JAN 17 1948 (b) J. F. Breda
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 15th
year 1948 hour 7 minute 25 A. M.

21. I hereby certify that I attended the deceased from 12-26-1947 to 1-15-1948
that I last saw him alive on 1-19-1948
and that death occurred on the date and hour stated above.

Immediate cause of death Proximal ulcer Duration ?

Due to _____

Due to _____

Other conditions Had hemorrhage
(include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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 0

Signature A. Jones (M. D. or other) MD

Address 3616 S. Berdy Date signed _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

