

FILED MAY 3 1945

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **3764**

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:
St. Anthonys Hospital *1*
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
(Specify whether
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Mo.** (b) County..... **060**

(c) City or town..... **St. Louis.**
(If outside city or town limits, write "RURAL") *17 23*

(d) Street No..... **2012 S. 12 Str.**
(If rural, give location)

(e) Citizen of foreign country?..... **No** *1* (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **Anton Pesek**

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

4. Sex **Male** *1* 5. Color or race **Wht.** 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: **Unk.** **About** **1876**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

About 69 **Unknown** ..hr.min.

9. Birthplace..... **St. Louis, Mo. 11**
(City, town, or county) (State or foreign country)

10. Usual occupation..... **Shoe Worker**

11. Industry or business.....

12. Name..... **Anton Pesek**

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

14. Maiden name..... **Josephine Broz**

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

16. (a) Informant..... **Josephine Pesek**

(b) Address..... **2012 S. 12 Str.**

17. (a) **Burial** (b) Date thereof **4/28/45**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... **S. S. Peter & Paul**

18. (a) Signature of funeral director..... **Wm. C. Maydell**

(b) Address..... **1926 Allen Ave**

19. (a) **APR 29 1945** **J. F. Brebeck**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... **April** day..... **26**
year..... **1945** hour..... **3** minute..... **25** P.M.

21. I hereby certify that I attended the deceased from **9/10**
..... 19**40** to **4/26** 19**45**
that I last saw him alive on..... **4/26** 19**45**
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Chronic cardio-vascular-mal syndrome @ 2 *attest 6 yrs.*

Due to..... **myo carditis, hypertension + chronic glomerulo-nephritis.**

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations..... *none*

Of autopsy..... *none*

Duration.....

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)..... **no**

(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..... **C**

23. Signature..... **Wm. J. Wolf** (M. D. or other)

Address..... **3804 Wilmington Ave** Date signed..... **4/27/45**

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

MOTHER FATHER

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 me

Registered Apprentice No. _____

working under my personal supervision.

Signed H. M. Howard

Licensed Embalmer No. 3741

P. O. Address 1926 Allen

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, fact should be so stated above.