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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 8 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1008

State File No. 38526

Registrar's No. 8967

1. PLACE OF DEATH:

(a) County

(b) City or town St Louis Mo. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: x 2504 a Elliot (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County

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

(d) Street No. 2504 a Elliot (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME ANASTACIA PESTKA

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race W

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 10 (Month) 13 (Day) 1885 (Year)

8. AGE: Years 63 Months 0 Days 2 If less than one day hr. min.

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

10. Usual occupation Shoeworker

11. Industry or business

MOTHER FATHER

12. Name Oscar Pestka

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

14. Maiden name Josephine Carneski

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

16. (a) Informant Oscar Pestka

(b) Address 2504 a Elliot

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-18-48 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Hannigan Sheehan

(b) Address 4415 Washington

19. (a) OCT 16 1948 (Date received local registrar) (b) J. B. Lasater (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 15 year 1948 hour 700 minute P. M.

21. I hereby certify that I attended the deceased from Feb 27 1946 to Oct 15 1948 that I last saw her alive on Oct 15 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage (Apoplexy)	2 hrs
Due to Malignant Hypertension	2 years
Due to Chronic Interstitial Nephritis	2 years
Other conditions (Include pregnancy within 3 months of death) Obesity	

Major findings:
Of operations
Of autopsy

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 Anthony A. Piekarski (M. D. or other) MD

Address 1535 a Cass Ave Date signed 10-16-48

(Licensed Embalmer's Statement on Reverse Side)

Piekarski

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 Elton H. Remelius

Licensed Embalmer No. 4283

P. O. Address St. Louis, Mo.

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.