

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**6888**

State File No. ....

**1184**

**FILED MAR 4 1954**

**318**

**1003**

Registrar's No. ....

<b>BIRTH NO.</b> .....		<b>REG. DIST. NO.</b> .....		<b>PRIMARY REG. DIST. NO.</b> .....		<b>Registrar's No.</b> .....		
<b>1. PLACE OF DEATH</b> a. COUNTY				<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS MO</b>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <b>ST. LOUIS</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>3976 MERAMEC 15</b>				e. STREET ADDRESS (If rural, give location) <b>3976 MERAMEC 15</b>				
3. NAME OF DECEASED (Type or Print) a. (First) <b>JOHN</b> b. (Middle) <b>J.</b> c. (Last) <b>TESAREK</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>FEB. 4 1954</b>					
5. SEX <b>MALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>		8. DATE OF BIRTH <b>JUNE 13-1872</b>		
9. AGE (in years, last birthday) <b>81</b>		IF UNDER 1 YEAR Months		IF UNDER 1 HR. Hours		IF UNDER 1 MIN. Mins.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>STONE MASON</b>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>BOHEMIA</b>		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <b>JOSEPH TESAREK</b>			13b. MOTHER'S MAIDEN NAME <b>UNKNOWN</b>			14. NAME OF HUSBAND OR WIFE <b>MARY A. TESAREK</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>MARY A. TESAREK 3976 MERAMEC</b>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		<b>MEDICAL CERTIFICATION</b> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute Cardiac Distention</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Carcinoma Liver</b> DUE TO (c) <b>Chc. Myocarditis</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Suppurative Glomerular</b>					INTERVAL BETWEEN ONSET AND DEATH <b>1 day</b> <b>6 mos.</b> <b>1 1/2 mos.</b> <b>1 yr.</b>	
19a. DATE OF OPERATION <b>None</b>		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>None</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>None</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>1561</b>				
22. I hereby certify that I attended the deceased from <b>Oct 8 1953</b> , to <b>Feb 4 1954</b> , that I last saw the deceased alive on <b>Feb 4 1954</b> , and that death occurred at <b>2:30 pm.</b> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <b>W. J. Galambek MD</b>				23b. ADDRESS <b>2767 Garraway</b>		23c. DATE SIGNED <b>2-5-54</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>		24b. DATE <b>FEB. 6 1954</b>		24c. NAME OF CEMETERY OR CREMATORY <b>RESURRECTION</b>		24d. LOCATION (City, town, or county) (State) <b>ST. LOUIS MO</b>		
DATE REC'D BY LOCAL REG. <b>FEB 8 1954</b>		REGISTRAR'S SIGNATURE <b>Carl Smith MO</b>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Thomas Kutis 2906 Garraway</b>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

No. 300  
10.48

**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 ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Geo J Buddle*.....  
Licensed Embalmer No. *398*  
P. O. Address *H. Lane*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.