

Registration District No. 791

Primary Registration District No. 1003

Registrar's No.

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: DE PAUL 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 \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME FRANK MEDEK 37A

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 497-16-1513

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

6. (b) Name of husband or wife Albina Medek 6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased Oct 9 1864  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>75</u>	<u>7</u>	<u>4</u>	hr. _____ min. _____

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

10. Usual occupation Harness maker

11. Industry or business \_\_\_\_\_

12. Name JOHN MEDEK

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

14. Maiden name BARBARA CERYENKA

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

16. (a) Informant's own signature Albina Medek

(b) Address 3111 Arsenal St.

17. (a) BURIAL (b) Date thereof MAY 16 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SUNSET BURIAL PARK

18. (a) Signature of funeral director Thos. Nutis

(b) Address 2906 Gracis

19. (a) NOV 2 1940 (b) J. J. Brudick  
(Date received and registered) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County \_\_\_\_\_  
(c) City or town ST. LOUIS 16  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3111 Arsenal St.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 13  
year 1940 hour 7 minute 30 P. M.

21. I hereby certify that I attended the deceased from May 7-1940  
to May 13 1940  
that I last saw him alive on May 13  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of pancreas  
metastases to brain

Due to \_\_\_\_\_

Due to \_\_\_\_\_

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

Major findings: Of operations May 7, 1940

Of autopsy None

Duration

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? 8411

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury 1

23. Signature Emmanuel J. W. Dudley (M. D. or other)

Address Washington, D.C. Date signed 5/14/40

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

*Dr. O'Malley  
200 Thine Bldg*

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**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.....

*Leo Budde*

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

working under my personal supervision.

Signed.....

*Leo Budde*

Licensed Embalmer No. *3989*

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, above space should be left blank.**