

FILED AUG 28 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 23388

Registrar's No. 5740

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Louis City Hospital #1
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 24 Days
(Specify whether
 In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 1633a So. Broadway
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 10,
 year 1941 hour 11:20 minute _____ A. M.
 21. I hereby certify that I attended the deceased from June
17, 1941 to July 10, 1941.

that I last saw her alive on July 10, 1941
 and that death occurred on the date and hour stated above.

Immediate cause of death Brain Tumor
Non malignant
 Duration 2 yrs.?

Due to _____
 Due to _____
 Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
 Of operations Blood clot in right ventricle
 Of autopsy not reported
 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? _____

While at work? _____ (Specify type of place) _____ (e) Means of injury _____
 23. Signature J. T. Buehler (M.D. or other) _____
 Address 1515 Lafayette Ave. Date signed 7/10/41

3. (a) PRINT FULL NAME Mary Pesetti

3. (b) If veteran, name war No. 3. (c) Social Security No. 488-16-6102

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

6. (b) Name of husband or wife John 6. (c) Age of husband or wife if alive 29 years

7. Birth date of deceased July 7 1912
(Month) (Day) (Year)

8. AGE: Years 29 Months 0 Days 3 If less than one day _____ hr. _____ min.

9. Birthplace Canada
(City, town, or county) (State or foreign country)

10. Usual occupation Laundress

11. Industry or business Superior Laundry

12. Name John Liska

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

14. Maiden name Josephine Resnik

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

16. (a) Informant Jerry Liska

(b) Address 1633a So. Broadway

17. (a) Removal (b) Date thereof 7/11/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Duquoin, Ill.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Ave.
JUL 11 1941
 19. (a) _____ (b) J. T. Buehler
(Date received local registrar) (Registrar's signature)

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

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 *Albert G. Hoffe*

Licensed Embalmer No. *2971*

P. O. Address.....

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.