

FILED DEC 11 1943

State File No. \_\_\_\_\_

Registration District No. 318

Primary Registration District No. \_\_\_\_\_

Registrar's No. 10890

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:  
Park Lane Hospital  
(If not in hospital or institution, write street number or location) 7 Days  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 60 Years in St. Louis  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis  
(c) City or town \_\_\_\_\_ (If outside city or town limits, write "RURAL")  
(d) Street No. 2411 S. Menard (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Amelia Delesk

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

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

6. (b) Name of husband or wife Charles Delesk 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Oct 26 1877  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
66 1 12 \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation At Home

11. Industry or business Housewife.

MOTHER FATHER { 12. Name Henry Kasik

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

14. Maiden name Unknown

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

16. (a) Informant OTTO BREXLER

(b) Address 5045 Devonshire

17. (a) Cremation (b) Date thereof Dec 11/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Missouri Crematory

18. (a) Signature of funeral director Hosolantis & Son

(b) Address 2906 Gravois Ave

19. (a) DEC 9 1943 (b) J. J. Bredek  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 8  
year 1943 hour 7 minute 30A.M.  
Oct.

21. I hereby certify that I attended the deceased from 21 1943 to Dec. 8 1943

that I last saw him alive on Dec 8 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Artemia Duration \_\_\_\_\_

Cerebral Intercolic Reflex

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

Other conditions (Include pregnancy within 3 months of death) 1/31

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?

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

23. Signature J. J. Bredek (M. D. or other) \_\_\_\_\_

Address Park Lane Hospital Date signed Dec. 8

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

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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.....

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

working under my personal supervision.

Signed *David Van Fossen*.....

Licensed Embalmer No. *4242*.....

P. O. Address *2906 Grand*.....

**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.**