

FILED MAR 6 1944  
318

Registration District No. **318** Primary Registration District No. **1003**

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

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:  
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 Agnes E. Demsky  
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 or Married  
6. (b) Name of husband or wife William Demsky 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased October 16, 1898  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
45 4 12 hr. min.

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

10. Usual occupation Clerk

11. Industry or business International Shoe Co.

MOTHER FATHER  
12. Name Frank J. Arling  
13. Birthplace Germany  
(City, town, or county) (State or foreign country)  
14. Maiden name Fannie Treiber  
15. Birthplace New Jersey  
(City, town, or county) (State or foreign country)

16. (a) Informant William Demsky  
(b) Address 4223a Margaretta

17. (a) Burial (b) Date thereof 3/1/44  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation St. Peters Cemetery

18. (a) Signature of funeral director Edith E. Ambruster  
(b) Address 4234 Manchester

19. (a) FEB 20 1944 (b) J. F. Predeck  
(Date received local registry) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
(c) City or town St. Louis 17  
(If outside city or town limits, write "RURAL") 910  
(d) Street No. 4223a Margaretta  
(If rural, give location)  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 28  
year 1944 hour 5:32 minute 0 M.

21. I hereby certify that I attended the deceased from 2-18-44  
....., 19....., to 2-28-, 19.....  
that I last saw him alive on 2-27-, 19.....  
and that death occurred on the date and hour stated above.

Immediate cause of death.....  
Cerebral embolism of thrombus?  
to obstructive jaundice  
Due to.....  
Just operation previous 3 days  
Other conditions.....  
(Include pregnancy within 3 months of death) H/O

Major findings:  
Of operations.....  
Of autopsy Not done

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?

While at work? (Specify type of place) (c) Means of injury.....  
23. Signature J. F. Predeck (M. D. or other).....  
Address 4952 Date signed.....

**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.....

*Henry Eynck*

Licensed Embalmer No.....

*1284*

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.**