

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED APR 24 1947

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

14300

State File No.

Registration District No. 228

Primary Registration District No. 2808

Registrar's No. 4

1. PLACE OF DEATH:

- (a) County Montgomery  
(b) City or town Rural  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

- (d) Length of stay: In hospital or institution (Specify whether

In this community Twenty years  
years, months or days)

3. (a) PRINT FULL NAME Gabor Beresky

3. (b) If veteran, name war ✓ 3. (c) Social Security No. 492-12-9129

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

6. (b) Name of husband or wife Mrs. L. Beresky 6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased March 25 1876  
(Month) (Day) (Year)

8. AGE: Years 71 Months 17 Days 17 If less than one day hr. min.

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

10. Usual occupation Laborer

11. Industry or business

12. Name John Beresky

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

14. Maiden name Unknown

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

16. (a) Informant Mrs. L. Beresky

- (b) Address Jonesburg, Mo.

17. (a) Burial (b) Date thereof April 15 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: burial or cremation St. Louis, Mo.

18. (a) Signature of funeral director L. A. Harding

- (b) Address Jonesburg, Mo.

19. (a) April 13-47 (b) Mrs. Mary Miller  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo (b) County Montgomery

- (c) City or town Rural  
(If outside city or town limits, write "RURAL")

- (d) Street No. 2 miles Southwest of Jonesburg  
(If rural, give location)

- (e) If foreign born, how long in U. S. A. 44 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 12 year 1947 hour 8 minute 45 P. M.

21. I hereby certify that I attended the deceased from Nov 5 1946, to April 12 1947

- that I last saw him alive on April 12 1947 and that death occurred on the date and hour stated above.

- Immediate cause of death Bronchial pneumonia Duration 4 days

- Due to Carcinoma of Lung (Rt) and liver 7 Months

- Due to —

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

- Major findings: Of operations None

- Of autopsy None 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 James P. Helm (M. D. or other)

- Address New Florence Mo. Date signed 4-13-47

RECEIVED  
District Health Officer No. 9,  
District File Number  
Date Filed 4-23-47

---

---

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 Carl A. Harding  
Licensed Embalmer No. 4115  
P. O. Address Fondueling 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.