

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **10419**  
Registrar's No. **2937**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY	
b. CITY OR TOWN <b>St. Louis</b>		c. CITY OR TOWN <b>St. Louis</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>2504 Elliott</b>		d. STREET ADDRESS (If rural, give location) <b>2504 Elliott</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Oscar</b> b. (Middle) c. (Last) <b>Pestka</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>March 29, 1952</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, OR FORCED (Specify)	8. DATE OF BIRTH <b>Feb. 29, 1884</b>	9. AGE (In years last birthday) <b>68</b>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Shoe Worker</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Shoes</b>	11. BIRTHPLACE (State or foreign country) <b>St. Louis, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>
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13a. FATHER'S NAME <b>Joseph Pestka</b>	13b. MOTHER'S MAIDEN NAME <b>Josephine Sarwursky</b>	14. NAME OF HUSBAND OR WIFE <b>None Elizabeth</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown). (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>Unknown</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Josephine McCloskey, 3715a Maffitt</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>MEDICAL CERTIFICATION LEFT CEREBRAL HEMORRHAGE (APOPLEXY)</b>	INTERVAL BETWEEN ONSET AND DEATH <b>1 HOUR</b>
	ANTECEDENT CAUSES DUE TO (b) <b>CHRONIC MYOCARDITIS</b>	<b>1 YEAR</b>
	DUE TO (c) <b>HYPERTENSION</b>	<b>2 YEARS</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>443x</b>

22. I hereby certify that I attended the deceased from April 11, 1950, to March 29, 1952, that I last saw the deceased alive on March 27, 1952 and that death occurred at 6:00 P m., from the causes and on the date stated above.

23a. SIGNATURE <b>Anthony A. Piekarski M.D.</b>	23b. ADDRESS <b>1525a Cass Ave. St. Louis, Mo.</b>	23c. DATE SIGNED <b>3-28-52</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>3-31-52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Calvary</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>MAR 28 1952</b>	REGISTRAR'S SIGNATURE <b>J. Carl Smith MD</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Harrigan-Sheahan, 4700 Washington Bl</b>
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

S. No. 300 APR 12 1952 V. 10.48

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*John S. Rennek*

Licensed Embalmer No. 4194

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.**

State of Missouri  
City of St. Louis ss.  
County of St. Louis

THE STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF VITAL STATISTICS

State File No. 10419  
Local Registrar's No. 2937

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 17 day of April, 1952, before me appears.....

John J. Sheahan, who, upon his oath, states that the original record of ~~his~~ death

for Oscar Pestka died March 27, 1952, in the State of

Missouri, and which was filed at St. Louis on 3-28-52, 19....., should be corrected as follows:

Item No. 7 should read Widower

Instead of Never Married

Item No. 14 should read Elizabeth

Instead of None

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

John J. Sheahan Affiant Fun. Dir. Relationship.

4700 Washington Blvd.  
Present Address.

Subscribed and sworn to before me this 17 day of April, 1952

My Commission expires 3-4-53 Jessie C. Paddock Notary Public.

...containing erasures will not be accepted: draw one line through error and write above it.

