

JAN 15 1936

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

38684

1. PLACE OF DEATH

County Buchanan
Township Washington
City St. Joseph

Registration District No. 85
Primary Registration District No. 1001
(No. 1621 South 9th Street)

File No. _____
Registered No. 1355
St. _____ Ward _____

2. FULL NAME

Emmil B. Yaeck

(a) Residence, No. 1621 South 9th St., _____ Ward _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Anna Yaeck

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 20, 1858

7. AGE YEARS 77 MONTHS 6 DAYS 4 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Mattress Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Paet. Mattress Factory

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jillhausen, Huerttemberg
Germany

13. NAME Johannes Yaeck

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Huerttemberg
Germany

15. MAIDEN NAME Martha Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Huerttemberg
Germany

17. INFORMANT (ADDRESS) Mr. Oscar Yaeck
1621 1/2 South 10th Street

18. BURIAL, CREMATION, OR REMOVAL PLACE Ashland Cemetery DATE December 28, 1935

19. UNDERTAKER (ADDRESS) F. R. SIDENEADE FUNERAL HOME
602 South 10th Street

20. FILED 12-26-1935 J. M. R. Bludner
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 24, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 18, 1935, to December 24, 1935
I last saw him live on Dec 24, 1935 Death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis
& Myocardial Degeneration
Don't Know

Other contributory causes of importance: Asphyx 18 days

Name of operation _____ Date of _____
What test confirmed diagnosis? blines Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? ✓ Date of injury _____, 19____

Where did injury occur? ✓ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ✓
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____

(Signed) Charles P. Werner M. D.
(Address) 410 Kirkpatrick Bldg
St. Joseph Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD
K. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

