

MAR 25 1939 DEC'D APR 6 1939

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

12301
Do not use this space.

1. PLACE OF DEATH
(a) County St. LOUIS Registration District No. 784
(b) Township _____ Primary Registration District No. 200
(c) City Pine Lawn (d) Street No. 6914 Grove Ave. St. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME John Gyaki
(a) Residence, No. 6914 Grove Ave. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

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 Mari Gyaki
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 7, 1897
7. AGE YEARS 41 MONTHS 8 DAYS 18 If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Carpenter
9. Industry or business in which work was done, as saw mill, bank, etc. St. Louis Car Co
10. Date deceased last worked at this occupation (month and year) 11-39 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) Austria 7
13. NAME John Gyaki 7
14. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) Austria 7
15. MAIDEN NAME Rose Roba 7
16. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) Austria

17. INFORMANT Mrs. Mary Gyaki
(ADDRESS) 6914 Grove Ave.
18. BURIAL, CREMATION, OR REMOVAL
PLACE New St. Peter & Paul 3-27 1939
19. FUNERAL DIRECTOR (NAME) Kriegshauser Mortuary
(ADDRESS) 4228 So. Kingshighway

MAR 25 1939 19 J. R. Meyer
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-25 1939
22. I HEREBY CERTIFY That I attended deceased from November 17, 1928, to March 25, 1939
I last saw him alive on March 21, 1939 Death is said to have occurred on the date stated above, at 8:15 A.M.
The principal cause of death and related causes of importance were as follows:
Lymphatic Leukemia Date of onset 1928
Secondary Anemia 1928
Other contributory causes of importance:
Name of operation No Date of _____
What test confirmed diagnosis? Laboratory 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) R. E. Taylor, M. D.
(Address) 462 1/2 Taylor

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.

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MAR 8 1961

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 *Edward M. Bernatt*

Licensed Embalmer No. *3024*

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, above space should be left blank.