WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. 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.

I X14028

DES'D JUL 12 1939

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

20793
Do not use this space.

791

1. PLACE OF DEATH
(a) County ..... Registration District No. 1003
(b) Township ..... Primary Registration District No. ..... Registered No. 5637
(c) City St. Louis (d) Street No. Jewish Hospital 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 6 yrs. 6 mos. - ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

522

2. PRINT FULL NAME John Henry Yanousek
(a) Residence, No. 4746 Kensington Place St. 12
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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: Helen Yanousek

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 1, 1883

7. AGE: YEARS 56 | MONTHS 2 | DAYS 23 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laundry worker
9. Industry or business in which work was done, as saw mill, bank, etc. Baptist Hospital
10. Date deceased last worked at this occupation (month and year) May, 1939
11. Total time (years) spent in this occupation 13

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Collinsville Illinois

FATHER
13. NAME: Michael Yanousek
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Austria-Hungary

MOTHER
15. MAIDEN NAME: Mary Yousek
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Austria-Hungary

17. INFORMANT (ADDRESS): Helen Yanousek 4746 Kensington Pl. St. Louis, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Collinsville, Ill. DATE June 27, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS): Herbert A. Kassly, East St. Louis, Ill.

20. FILED JUN 26 1939, 19 J. F. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/24, 1939

22. I HEREBY CERTIFY, That I attended deceased from 5/24, 1939, to 6/24, 1939
I last saw him alive on 6/24, 1939. Death is said to have occurred on the date stated above, at 11:00 A.m.
The principal cause of death and related causes of importance were as follows:

Carcinoma of Oesophagus — Date of onset 4/1/39

Other contributory causes of importance:

Name of operation Esophagectomy Date of 5/21/39
What test confirmed diagnosis? Path Was there an autopsy? Yes

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) L. C. Mudlaman, M. D.
(Address) Mo. Theatre Bldg.

(Licensed Embalmer's Statement on Reverse Side)

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 L R Cooper

Licensed Embalmer No. 3633

P. O. Address 2347 Lafayette

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.