

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
JUN 22 1940 791

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

State File No. 16461
Registrar's No. 3938

Registration District No. Primary Registration District No. Registrar's No.

1. PLACE OF DEATH:
(a) County _____
(b) City or town St Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Raith Hospital
(If not in hospital or institution, write street number or location) /
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME Joseph Yanick, Sr. 620
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Mary Yanick 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased March 17 1868
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
72 1 13 _____ hr. _____ min.

9. Birthplace Czecho-Slovakia _____
(City, town, or country) (State or foreign country)

10. Usual occupation Retired

11. Industry or business _____

MOTHER FATHER { 12. Name Joseph Yanick _____
13. Birthplace Czecho Slovakia _____
(City, town, or county) (State or foreign country)

{ 14. Maiden name Unknown _____
15. Birthplace Czecho Slovakia _____
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Oliver Yanick
(b) Address 1409 Hogan St
17. (a) Burial (b) Date thereof May 3 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetary

18. (a) Signature of funeral director Heidar Wiedem _____
(b) Address 1936 St Louis Ave

19. (a) MAY 2 1940 (b) _____
(Date received local registrar) (Signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County _____
(c) City or town St Louis 21
(If outside city or town limits, write "RURAL")
(d) Street No. 1409 Hogan St
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 30
year 1940 hour 4:30 minute P M.

21. I hereby certify that I attended the deceased from
April 24 1940 to April 30 1940
that I last saw h. l. m. alive on April 20 1940
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____
gangrene of left leg 1 week
terminal pulmonary disease
Due to embolus to left leg _____
Solar Pneumonia _____
Due to Arteriosclerotic heart _____
disease with auricular fibrillation _____

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

PHYSICIAN _____
Major findings: _____
Of operations _____
Of autopsy _____
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 Wm. J. Traublein (M. D.) _____
Address 634 N. Grand Date signed 5/1/40

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 *Felix J. Krupin*.....

Licensed Embalmer No. *3497*.....

P. O. Address *1936 St Louis*.....

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.