

Filed JUL 6 1942 791
Registration District No.

Primary Registration District No.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County.....
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 Mos. 9 Days
(Specify whether
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....
(c) City or town St Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1326 Gimblin St
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Alfred Yanick

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 Single

6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased November 2 15 1904
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
37 7 4 hr. min.

9. Birthplace St Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business.....

MOTHER FATHER
12. Name Joseph Yanick
13. Birthplace Bohemia
(City, town, or county) (State or foreign country)
14. Maiden name Mary Kolesar
15. Birthplace Bohemia
(City, town, or county) (State or foreign country)

16. (a) Informant Oliver Yanick
(b) Address 1326 Gimblin St

17. (a) Burial (b) Date thereof June 22 1942
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Beiderwieden Funl Home Inc
(b) Address 1936 St Louis Ave

19. (a) JUN 21 1942 (b) J. J. Brudek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 19,
year 1942 hour 10:15 minute P. M.

21. I hereby certify that I attended the deceased from March 11, 1942 to June 19, 1942; that I last saw him alive on June 19, 1942; and that death occurred on the date and hour stated above.

Immediate cause of death Cirrhosis of Liver
Rheumatic Heart Disease

Due to.....
Due to.....
Other conditions (Include pregnancy within 3 months of death) 1942

Major findings: Of operations.....
Of autopsy As above

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)
(c) Means of injury.....
23. Signature M. W. Davis (M. D. certifying)
Address 1515 Lafayette Avenue Date signed 6/20/42

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

Delix J. Krupine

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, fact should be so stated above.