

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. 108

SEP 8 1943  
Registration District No. 316 Primary Registration District No. 3059

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

1. PLACE OF DEATH

(a) County St. Francois  
(b) City or town Bonne Terre, Mo.  
(c) Name of hospital or institution: \_\_\_\_\_  
(If outside city or town limits, write "RURAL" and name of township)  
(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 (Specify whether \_\_\_\_\_)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois  
(c) City or town Bonne Terre  
(d) Street No. Summit  
(If outside city or town limits, write "RURAL")  
(If rural, give location)  
(e) Citizen of foreign country? unk (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Stephen John Yurchak  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 26 year 1943 hour 12 minute 15 P.M.  
21. I hereby certify that I attended the deceased from July 26, 1943, to July 26, 1943; that I last saw him alive on July 25, 1943 and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W  
6. (a) Single, widowed, married, divorced W 2  
6. (b) Name of husband or wife Mary Yurchak 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Aug - 20 - 1877  
(Month) (Day) (Year)

Immediate cause of death Coronary thrombosis  
Due to unk  
Due to \_\_\_\_\_  
Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

8. AGE: Years Months Days If less than one day  
65 11 7 hr. \_\_\_\_\_ min.  
9. Birthplace Czechoslovakia  
(City, town, or county) (State or foreign country)  
10. Usual occupation Retired

MOTHER FATHER

11. Industry or business \_\_\_\_\_  
12. Name Michael Yurchak  
13. Birthplace Czechoslovakia  
(City, town, or county) (State or foreign country)  
14. Maiden name Leschenyaka  
15. Birthplace Czechoslovakia  
(City, town, or county) (State or foreign country)

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 \_\_\_\_\_

16. (a) Informant John Yurchak  
(b) Address Bonne Terre, Mo.  
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/29/43  
(Month) (Day) (Year)  
(c) Place: burial or cremation St. Joseph Cemetery, Bonne Terre, Mo.  
18. (a) Signature of funeral director Richard [unclear]  
(b) Address Bonne Terre, Mo.  
19. (a) Aug. 2 - 1943 (Date received local registrar) (b) Byndie Bunnister (Registrar's signature)

23. Signature [unclear] (M. D. \_\_\_\_\_)  
Address Bonne Terre, Mo. Date signed 7-31-43

1196

RECEIVED

District Health Officer No. 4  
District File Number 94 3-2639  
Date Filed 9-7-43

**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 C. J. Claywell  
Licensed Embalmer No. 3706  
P. O. Address Bonne Terre, Mo.

**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.**