

FILED APR 6 1944 318

State File No. _____

Registration District No. _____

Primary Registration District No. 1003

Registrar's No. 3007

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: City Sanitarium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 9yr. 6mo. 20ds.
(Specify whether
In this community: not known
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. 5300 ARSENAL STR.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME: JOHN YURCAHECK

3. (b) If veteran, name war NONE
3. (c) Social Security No. NONE

4. Sex Male 5. Color or race white
6. (a) Single, widowed, married, divorced Div. 3
6. (b) Name of husband or wife: ANNA
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: April 25, 1881
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>62</u>	<u>10</u>	<u>29</u>	hr. _____ min. _____

9. Birthplace: Czech Austria
(City, town, or county) (State or foreign country)

10. Usual occupation: nil

11. Industry or business _____

MOTHER FATHER {
12. Name: John Yurcaheck
13. Birthplace: Czecho Slovakia
(City, town, or county) (State or foreign country)
14. Maiden name: Anna Heineck
15. Birthplace: Czecho Slovakia
(City, town, or county) (State or foreign country)

16. (a) Informant: J. Singler
(b) Address: 5400 Arsenal
17. (a) ~~DATE OF DEATH~~ (b) Date thereof: MAR-31-44
(Month) (Day) (Year)
(c) Place: burial or cremation: CALVARY

18. (a) Signature of funeral director: CULLEN KELLY
(b) Address: 4386 W. N. DEL.
19. (a) MAR 30 1944 (b) J. F. Brebeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 24,
year 1944 hour 10. minute 00 a. M.
21. I hereby certify that I attended the deceased from Dec. 29,
1943 to Mar. 28, 1944
that I last saw him alive on Mar. 28, 1944
and that death occurred on the date and hour stated above.
Immediate cause of death: _____ (Yes or No)
If yes, name country _____

Pulmonary Tuberculosis | 12/29/43

Due to _____
Due to _____
Other conditions: _____
(Include pregnancy within 3 months of death)
Major findings: _____
Of operations: _____
Of autopsy: _____
Duration: _____
PHYSICIAN: _____
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? _____

(Specify type of place)
While at work? _____ (e) Means of injury _____
23. Signature: A. K. Busch (M. D. or other)
Address: 5400 Arsenal Date signed: 3/28/44

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

11011

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

James A. Lammers

Licensed Embalmer No. *4442*

P. O. Address *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.