

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **39947**

FILED DEC 29 1944

318

1003

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_

Registrar's No. **10798**

1. PLACE OF DEATH:

(a) County St. Louis, Missouri  
 (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 - Max C. Starkloff  
(If not in hospital or institution, write street number or location) Memorial  
 (d) Length of stay: In hospital or institution 1 mo - 18 days  
(Specify whether)  
 In this community 0  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis  
 (c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 2211 Mullanphy Str.  
(If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME George Yuskelis

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 Married  
 6. (b) Name of husband or wife Barbara Yuskelis 6. (c) Age of husband or wife if alive 50 years  
 7. Birth date of deceased Nov. 22 1893  
(Month) (Day) (Year)

8. AGE: Years 51 Months 0 Days 26  
 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Lithuania  
(City, town, or county) (State or foreign country)

10. Usual occupation Gard

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name John Yuskelis  
 13. Birthplace Lithuania  
(City, town, or county) (State or foreign country)  
 14. Maiden name Mary Rasmus  
 15. Birthplace Lithuania  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Barbara Yuskelis  
 (b) Address 2211 Mullanphy Str.

17. (a) Burial (b) Date thereof 12-21-44  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Central Und. Co.  
 (b) Address 1841 Cass Ave

19. (a) DEC 19 1944 J. F. Bredeck  
(Date received local Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 18th  
 year 1944 hour 10:40 minute A. M.  
 21. I hereby certify that I attended the deceased from 10/28/44  
 \_\_\_\_\_, 19\_\_\_\_, to Dec. 18th, 19 44  
 that I last saw h im alive on Dec. 18th, 19 44  
 and that death occurred on the date and hour stated above.

Immediate cause of death Respiratory failure Duration \_\_\_\_\_

Due to Left lobe pneumonia, type 17 with abscess formation

Due to \_\_\_\_\_  
 Other conditions 108  
(Include pregnancy within 3 months of death)

Major findings:  
 Of operations: Duodenal ulcer - subtotal gastric resection  
 Of autopsy: as above

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (z) Means of injury \_\_\_\_\_

23. Signature J. F. Bredeck (M. D. or other) \_\_\_\_\_  
 Address 1515 Lafayette Ave Date signed 12-18-44

WRITE PLAINLY—USE UNFADING BLACK INK—WRITE

**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.....

*John Tegorowski*  
3398

Licensed Embalmer No.....

P. O. Address.....

**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.**