

STANDARD CERTIFICATE OF DEATH

State File No. 38670

**FILED** NOV 26 1945

Registration District No. 377

Primary Registration District No. 6076

Registrar's No. 2623

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Koch  
(c) Name of hospital or institution: Robert Koch Hospital  
(d) Length of stay: In hospital or institution 91 days  
In this community 5 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town St. Louis  
(d) Street No. 2700 N. 9th St  
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME

Ira Yackle

(b) If veteran, name war Unk.

(c) Social Security No. 455-24-5156

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Divorced

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

7. Birth date of deceased May 3 1918

8. AGE: Years 27 Months 6 Days 11 If less than one day hr. min.

9. Birthplace Browning Illinois

10. Usual occupation Merchant Marine

11. Industry or business

12. Name George Yackle  
13. Birthplace Indiana  
14. Maiden name Katie Goforth  
15. Birthplace Gallatin Co. Illinois

16. (a) Informant George Yackle  
(b) Address Shawneetown, Ill.

17. (a) Removal (b) Date thereof 11-16-45  
(c) Place: burial or cremation Shawneetown, Ill.

18. (a) Signature of funeral director Albert H. Hoppe  
(b) Address 4700 Washington Blvd.

19. (a) 11-17-45 (b) E. J. Johnson  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 14  
year 1945 hour 11 minute 50 P. M.

21. I hereby certify that I attended the deceased from 11-2 1945 to 11-14 1945  
that I last saw him alive on 11/14 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis

Due to 138

Due to 138

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations  
Of autopsy

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?  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature Edward J. Pawlinski (M. D. or other)  
Address Ed. J. Pawlinski, M.D. Date signed 11/15/45

Duration 5 months  
Underline the cause to which death should be charged statistically.

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

MAY 11 1948

FEB 24 1948

NOV 8 1948

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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..... *W. Wilkin*.....  
Licensed Embalmer No. *3570*.....  
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.