

No. 2
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17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 23 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26411
Registrar's No. 1573

Registration District No. 277

Primary Registration District No. 6076

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Normandy
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
6536 Myron Ave
(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

3. (a) PRINT FULL NAME Sybil Yanachek
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Edward W. Yanachek
6. (c) Age of husband or wife if alive 53 years
7. Birth date of deceased April 3 1894
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
53 3 6 hr. min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Sherman Plater

13. Birthplace Ill
(City, town, or county) (State or foreign country)

14. Maiden name Ida May Fairbrother

15. Birthplace Wisc
(City, town, or county) (State or foreign country)

16. (a) Informant Edward W. Yanachek

(b) Address 6536 Myron Ave

17. (a) Burial (b) Date thereof July 12 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Calvin F Feutz

(b) Address 4828 Nat Bridge Blvd

19. (a) 7-15-47 (b) Cent 7 Sharp
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis 96
(c) City or town Normandy
(If outside city or town limits, write "RURAL")
(d) Street No. 6536 Myron Ave
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 9
year 1947 hour 1 minute 40 P. M.

21. I hereby certify that I attended the deceased from 11-12-46
1946 to July 9 1947
that I last saw her alive on July 9 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Convulsion from cerebral Metastasis
Due to Carcinoma of Breast 5 years
Duration Immediate

Due to 50
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Carcinoma of Breast
Of operations _____
Of autopsy _____
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) no

(b) Date of occurrence no

(c) Where did injury occur? nowhere
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? no

While at work? no (Specify type of place) _____
(e) Means of injury no

Signature W. Elstachle (M. D. or other) M.D.

Address 7124 Natural Bridge Date signed 7-11-47

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

me. 011-6

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 A. Minor*
Licensed Embalmer No. *4186*
P. O. Address *St. Louis 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.