

FILED JUN 27 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22036

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6676 Registrar's No. 1274

76
12
1

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

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>ST. LOUIS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LADUE VILLAGE</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LADUE VILLAGE</u>	
c. LENGTH OF STAY (In this place)		12	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>19 WILLOW HILL ROAD</u>		d. STREET ADDRESS (If rural, give location) <u>19 WILLOW HILL ROAD</u>	
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH	
a. (First) <u>JOHN H. JASCHKA</u>		b. (Middle)	
c. (Last)		(Month) (Day) (Year) <u>MAY 22 1949</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWER</u>	8. DATE OF BIRTH <u>MAY 28 - 1879</u>
9. AGE (In years last birthday) <u>69</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 1 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work demanding most of working life, even if retired) <u>RETIRED</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>NATIONAL MALVAESTER AND STEEL CO</u>	11. BIRTHPLACE (State or foreign country) <u>LAFAYETTE, IND.</u>	12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAME <u>JOHN JASCHKA</u>	13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>	14. NAME OF HUSBAND OR WIFE <u>HARRIETTE</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>R.E. Valentine - 5361 Pershing Ave</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 Day</u>	
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Sclerosis</u>		D.K.	
DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Incomplete Left Bundle Branch Block D.K.</u>			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4201 94a</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>April 27 1949</u> , to <u>May 22 1949</u> , that I last saw the deceased alive on <u>May 16 1949</u> , and that death occurred at <u>5 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>P.D. Hays</u> (Ink or Title)		23b. ADDRESS <u>46r 40 Jaydor</u>	23c. DATE SIGNED <u>5/23/49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	24b. DATE <u>MAY 24 1949</u>	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) <u>GAION, MO. H.O.</u>
DATE REC'D BY LOCAL REG. <u>5-24-48</u>	REGISTRAR'S SIGNATURE <u>Thurmond...</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Mullen and Co</u> ADDRESS <u>5165 DELMAR BL</u>	

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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed J. Allen Dwyer

Signed.....
Student Embalmer

Licensed Embalmer No. 4253

P. O. Address H. Jones

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.