

STANDARD CERTIFICATE OF DEATH

17937

State File No. ....

MAY 27 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **4190**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Webster Gardens</b>	
c. LENGTH OF STAY (in this place) <b>56</b> years		d. STREET ADDRESS (If rural, give location) <b>232 E. Glendale Road</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Deaconess Hospital</b>			

3. NAME OF DECEASED (Type or Print) <b>ANNA</b>	a. (First)	b. (Middle)	c. (Last) <b>DVORNIKOFF</b>	4. DATE OF DEATH <b>May 3 1952</b>
---	------------	-------------	-----------------------------	------------------------------------

5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>May 30 1895</b>	9. AGE (In years last birthday) <b>56</b>	10. IF UNDER 18 Hrs. Hours	11. IF UNDER 18 Hrs. Min.
----------------------	-------------------------------	---	-------------------------------------	---	----------------------------	---------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House-Wife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>At Home</b>	11. BIRTHPLACE (State or foreign country) <b>St. Louis, Missouri</b>	12. CITIZEN OF WHAT COUNTRY?
---	--	--	------------------------------

13a. FATHER'S NAME <b>George Yuede</b>	13b. MOTHER'S MAIDEN NAME <b>Lena Langer</b>	14. NAME OF HUSBAND OR WIFE <b>Michael N.</b>
--	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <b>Michael N. Dvornikoff</b>	ADDRESS <b>3866 So. Spring Ave.</b>
--	-------------------------	--	-------------------------------------

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of the Breast</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 yrs</b>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>Carcinoma of the Breast</b>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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? <b>170X</b>
---	--	--

22. I hereby certify that I attended the deceased from **Dec 1951**, to **May 1952**, that I last saw the deceased alive on **May 30, 1952**, and that death occurred at **5:00 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Arnold S. Allen &amp; Beth M. Allen</b>	(Degree or title)	23b. ADDRESS <b>2632 W. Kingsleyway</b>	23c. DATE SIGNED <b>5-5-52</b>
---	-------------------	---	--------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <b>5-6-52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Sunset Burial Park</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis, County, Missouri</b>
---	-------------------------	--	--

DATE REC'D BY LOCAL REG. <b>MAY 5 1952</b>	REGISTRAR'S SIGNATURE <b>J. Carl Smith</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Beiderwieden F. H.</b>	ADDRESS <b>3620 Chesapeake St. Louis Ave.</b>
--	--	--	---

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

Dr. Bert H. Klein, M. D. or:  
Dr. Arnold Klein, M. D.  
2632 So. Kingshighway Blvd.  
Office: LA. 7475  
Res. PA. 2727

1-4 P.M. Monday

---

---

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 \_\_\_\_\_

.....  
working under my personal supervision.

Student .....  
Student Embalmer

Student Embalmer No. \_\_\_\_\_

Signed \_\_\_\_\_

*Gustav W. Dietrich*

Licensed Embalmer No. \_\_\_\_\_

4329

P. O. Address \_\_\_\_\_

*H. 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.

THE STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF VITAL STATISTICS

State File No. 17937  
Local Registrar's No. 4190

State of Missouri  
County of St. Louis ss.

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 13th day of May, 1952 before me appears Michael N. Dvarnikoff, who, upon his oath, states that the original record of ~~birth~~ death for Anna Dvarnikoff died May 3 ~~born~~ 1952 in the State of Missouri, and which was filed at St. Louis on 5/5, 1952, should be corrected as follows:

Item No. 2c should read WEBSTER GROVES

Instead of Webster Gardens

Item No. 8 should read May 30, 1895

Instead of May 30, 1894

Item No. 9 should read 56

Instead of 57

Item No. 13B should read Kena Kang

Instead of Kena Kanger

Item No. 25 should read Beidenweden F.H. 3620 Chippewa St. 7

Instead of Budenwuden F.H. 1936 St. Louis Ave.

Item No. 1c should read 56 YEARS

Instead of 57 YEARS

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

The above is true to the best of my knowledge, information and belief.  
(SEAL) Affiant: Michael N. Dvarnikoff Newland  
3866 So. Spring Ave. St. Louis 16  
Relationship: \_\_\_\_\_  
Present Address: \_\_\_\_\_ No. \_\_\_\_\_

Subscribed and sworn to before me this 13th day of May, 1952

My Commission expires January 15-1954 Norman H. Keller Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

