

FILED JAN 6 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42314

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 11129

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>					
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Bethesda Hospital				e. STREET ADDRESS (If rural, give location) 15 4633 Varrelian Ave 21570							
3. NAME OF DECEASED (Type or Print) MARGARET			a. (First)		b. (Middle)		c. (Last) IAVSKY				
4. DATE OF DEATH 12-18-1955			4. DATE (Month) (Day) (Year)								
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow		8. DATE OF BIRTH 12-13-1877		9. AGE (In years last birthday) 78			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Germany		12. CITIZEN OF WHAT COUNTRY? U.S.A.					
13a. FATHER'S NAME Conrad Wagner			13b. MOTHER'S MAIDEN NAME Unknown			14. NAME OF HUSBAND OR WIFE Frank Iavsky (Deceased)					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. 89-10-2943		17. INFORMANT'S SIGNATURE OR NAME Ernest Sturm			ADDRESS 827 Gray Ave.			
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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary atherosclerosis DUE TO (c) + Diabetes Mellitus				INTERVAL BETWEEN ONSET AND DEATH 8 hours			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 420.1						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) m.		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 12/23/54, 1954, to 12/18, 1955, that I last saw the deceased alive on 12/18, 1955, and that death occurred at 4:00 P. m., from the causes and on the date stated above.											
23a. SIGNATURE Malcolm Bayell (Degree or title) Malcolm B Bayell					23b. ADDRESS 660 Maryland 4660 Maryland			23c. DATE SIGNED 12/20/55			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 12-21-1955		24c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery		24d. LOCATION (City, town, or county) (State) Watson and McKenzie Rds. Mo					
DATE REC'D BY LOCAL REG. DEC 20 1955		REGISTRAR'S SIGNATURE J. Earl Smith, M.D.			FUNERAL DIRECTOR'S SIGNATURE J. J. J. J. J.		ADDRESS 6409 Gravois Ave				

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING BLACK INK—MAKE A PERMANENT RECORD

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..

Student.....
Signature of Student Embalmer

Signed..... *Jac M. Simon*

Licensed Embalmer No..... *4*

P. O. Address..... *St. Louis*

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his OWN HANDWRITING.
to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.