

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-023416  
State File No. ....

FILED JUN 16 1958

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 5448

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give town(ship)) <u>St. Louis</u>		c. LENGTH OF STAY (in this place) <u>4 3/4</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>32 St. Lukes Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>27 700 Leland Avenue</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>SIDNEY</u>		b. (Middle) <u>.</u> c. (Last) <u>JALENAK</u>	
4. DATE OF DEATH <u>May 22, 1958</u>		5. SEX <u>Male</u> 6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Marr led</u>		8. DATE OF BIRTH <u>Aug. 29, 1893</u>	
9. AGE (In years last birthday) <u>64</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Prop.-Nuway Shoe Products Co.</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Mississippi</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Jac Jalenak</u>		13b. MOTHER'S MAIDEN NAME <u>Bertha Rosenthal</u>	
14. NAME OF HUSBAND OR WIFE <u>Sadie Jalenak</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Unk.</u>	
16. SOCIAL SECURITY NO. <u>Unk.</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. S.S. Jalenak-700 Leland Avenue</u>	
18. CAUSE OF DEATH Enter only on cause per line for (a), (b), and (c) <i>This does not mean the mode of dying, as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Infarction</u> ANTECEDENT CAUSES Alcohol, conditions of any kind due to (b) <u>Coronary Occlusion</u> due to (c) <u>Arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Diabetes Mellitus</u>	
INTERVAL BETWEEN ONSET AND DEATH <u>3-4 hours</u>		<u>3-4 hours</u>	
<u>3 months</u>		<u>12 years</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>420.1</u>	
20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		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>Feb</u> , 1946, to <u>May 22</u> , 1958, that I last saw the deceased alive on <u>Feb</u> , 1958, and that death occurred at <u>11:30 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Herman M. Meyer M.D.</u>		23b. ADDRESS <u>4409 West Prairie</u>	
23c. DATE SIGNED <u>5/24/58</u>		24a. BURIAL, CREMATION REMOVAL (Specify) <u>Removal</u>	
24b. DATE <u>5/26/58</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Olive Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Herman Rindskopf, Inc.</u>	
DATE REC'D BY LOCAL REG. <u>MAY 24 58</u>		REGISTRAR'S SIGNATURE <u>Carl Smith</u>	
25. FUNERAL DIRECTOR'S ADDRESS <u>5216 Delmar</u>		(Licensed Embalmer's Statement on Reverse Side)	

**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 *Peter B. Dubouillet*.....

Licensed Embalmer No. *3691*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.