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THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-019339

STATE FILE NUMBER

Registration No. 5005

FILED JUN 11 1959

Registration District No.

Primary Registration District No.

Registration No.

300  
-57

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All diseases in Part I must be causally related. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Illinois</u> b. COUNTY <u>Madison</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR <u>St. Louis</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Madison</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR <u>St. Luke's</u>		Length of stay in lb <u>8 days</u>		d. STREET ADDRESS (If outside, give location) <u>1521 Sixth St.</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>PAUL (PAVEL) VASIL KLYASHEFF</u>				4. DATE OF DEATH Month Day Year <u>5 22 59</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>4-4-90</u>		9. AGE (In years last birthday) <u>69</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salesman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Feed Store</u>		11. BIRTHPLACE (City and state or country) <u>Macedonia</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Vasil Klyasheff</u>		13b. MOTHER'S MAIDEN NAME <u>Numka Lobanicharoff</u>		14. NAME OF HUSBAND OR WIFE <u>Milka Klyasheff</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes</u>		16. SOCIAL SECURITY NO. <u>344-07-7999</u>		17. INFORMANT Address <u>V. P. Klyasheff Granite City, Illinois</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Encephalomyelitis (Exact yet to be awaited path. report)</u>						INTERVAL BETWEEN ONSET AND DEATH <u>2-3 wks</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Broncho-Pneumonia, Terminal</u>						19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)					
20c. TIME OF INJURY Hour a.m. Month, Day, Year p.m.							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <u>11/20/53</u> to <u>5/22/59</u> and last saw her alive on <u>5/22/59</u> Death occurred at <u>11:36 AM</u> m on the date stated above; and to the best of my knowledge, from the causes stated.				22a. SIGNATURE (Degree or title) <u>Frederick M.D.</u>		22b. ADDRESS <u>2720 Washington St. St. Louis 6, Mo</u>	
22c. DATE SIGNED <u>5/22/59</u>							
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>5-22-59</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Sunset Hill</u>		23d. LOCATION (City, town, or county) (State) <u>Madison County, Illinois</u>	
24. FUNERAL DIRECTOR <u>John L. Sedlack</u>		ADDRESS <u>Madison, Illinois</u>		25. DATE RECD. BY LOCAL REG. <u>MAY 23 '59</u>		26. REGISTRAR'S SIGNATURE <u>Earl Smith, M.D.</u>	

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was <sup>NOT</sup> embalmed by me, or by ....., Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed John T. Sedlack.....

Licensed Embalmer No. 8747.....

P. O. Address Madison, Ill.....

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.