

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-023031
State File No.

FILED JUL 7 1959

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____ Registrar's No. **2 6009**

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 18		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS 16		
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION ST. ANTHONY'S HOSPITAL			d. STREET ADDRESS (If rural, give location) 4024 THOLOZAN		

3. NAME OF DECEASED (Type or Print) JOSEPH		a. (First)		b. (Middle)		c. (Last) JAKOVICH		4. DATE OF DEATH 6 - 24 - 59		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) PREM. INFANT	
5. SEX BOY		6. COLOR OR RACE WHITE		8. DATE OF BIRTH 6 - 23 - 1959		9. AGE (In years last birthday)		if UNDER 1 YEAR Months Days		if UNDER 2 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) MISSOURI			12. CITIZEN OF WHAT COUNTRY? U.S.A.		

13a. FATHER'S NAME FRANK MARTIN JAKOVICH		13b. MOTHER'S MAIDEN NAME MARY ANN GARSICH		14. NAME OF HUSBAND OR WIFE	
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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 <i>Frank M. Jakov</i>		ADDRESS	
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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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Preterm non viable gestation 24 weeks</i> INTERVAL BETWEEN ONSET AND DEATH			
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
		DUE TO (b)			
		DUE TO (c) 776A			
		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				20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
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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 *June 23, 1959*, to *June 24, 1959*, that I last saw the deceased alive on *June 23, 1959*, and that death occurred at *3:06A* m., from the causes and on the date stated above.

23a. SIGNATURE (Registrar title) <i>Joseph R. Mueller, M.D.</i>		23b. ADDRESS <i>5177 So. Grand</i>		23c. DATE SIGNED <i>6-24-59</i>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June 25 1959		24c. NAME OF CEMETERY OR CREMATORY Resurrection Cem.		24d. LOCATION (City, town, or county) (State) St. Louis County Mo.	
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DATE REC'D BY LOCAL REG. JUN 25 59		REGISTRAR'S SIGNATURE <i>Carl Smith, M.D.</i>		25. FUNERAL DIRECTOR'S SIGNATURE Moydell Funeral Home 1926 Allen Ave		ADDRESS	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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

Not Embalmed

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *Hedley P. Jaeller Jr*

Licensed Embalmer No. *4450*

P. O. Address *St. Louis*

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.