

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

59-023032

State File No. _____

FILED JUL 13 1959

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's 2 6008	
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 town or township) 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. STREET ADDRESS (If rural, give location) 4024 THOLOZAN	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. ANTHONY'S HOSPITAL							
3. NAME OF DECEASED (Type or Print) a. (First) MARY		b. (Middle) _____		c. (Last) JAKOVICH		4. DATE OF DEATH (Month) (Day) (Year) 6 - 23 - 1959	
5. SEX GIRL		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) PREM. INFANT		8. DATE OF BIRTH 6-23-1959	
9. AGE (In years last birthday) _____		IF UNDER 1 YEAR Months _____		IF UNDER 1 YEAR Days _____		IF UNDER 1 HRS. Hours _____ Min. 150	
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 _____	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <i>Frank M. Jakovitch</i>		ADDRESS _____	
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* <i>Premature - Non viable 24 weeks gestation</i> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH _____	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		776x					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" 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? _____			
22. I hereby certify that I attended the deceased from <i>June 23, 1959</i> to <i>June 23, 1959</i> , that I last saw the deceased alive on <i>June 23, 1959</i> , and that death occurred at <i>7:25 p.m.</i> , from the causes and on the date stated above.							
23a. SIGNATURE <i>Joseph A. Mueller M.D.</i>				23b. ADDRESS <i>6177 So. GRAND</i>		23c. DATE SIGNED <i>6-24-59</i>	
24a. BURIAL, REMOVAL, OR CREMATION (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.	
DATE REC'D BY LOCAL REG. JUN 25 59		REGISTRAR'S SIGNATURE <i>Carol Smith M.D.</i>		25. FUNERAL DIRECTOR'S SIGNATURE Moydell Funeral Home		ADDRESS 1926 Allen	

WRITE PLAINLY—USING UNFADING 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 _____

Not Embalmed

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Halley A. Zeller Jr

Licensed Embalmer No. *14950*

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.