SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

=61=022811
STATE FILE NUMBER

AMENDED

FILED JUL 7 1961

Registrar's District No. 318 Primary Registration District No. 1003 Registrar's No. 6071

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | DOCUMENT | BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis, Missouri
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: BARNES HOSPITAL
Inside Limits: Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Illinois
b. COUNTY: Macoupin
c. CITY OR TOWN: Staunton
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): RR. RerBox 108 Zone
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First ANDREW; Middle NMN; Last KRECHNYAK
4. DATE OF DEATH: Month JUNE; Day 28; Year 1961
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 11/11/1898
9. AGE (last birthday): 63
IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HR: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Coal Miner
10b. KIND OF BUSINESS OR INDUSTRY: Coal Mining
11. BIRTHPLACE (City and state or country): Austria, Hungary
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: John Krechnyak
13b. MOTHER'S MAIDEN NAME: Anna Sos
14. NAME OF HUSBAND OR WIFE: Unknown.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No.
(If yes, give war or dates of service): Nil.
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT: Joseph Krechynak, Address: Staunton, Illinois.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) CONGENITAL ANEURYSM OF ANTERIOR COMMUNICATING ARTERY, POST-OPERATIVE
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c) 754.7
INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 JUNE 19, 1961, to JUNE 28, 1961 and last saw her/him alive on JUNE 28, 1961
Death occurred at 1:45 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): R. V. Brailey M.D.
22b. ADDRESS: BARNES HOSPITAL
22c. DATE SIGNED: 6/29/61

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 7-1-61
23c. NAME OF CEMETERY OR CREMATORY: Memorial Parke Cemetery
23d. LOCATION (City, town, or county) (State): Staunton, Illinois.

24. FUNERAL DIRECTOR ADDRESS: Albert H. Hoppe Inc., 4700 Washington, Blvd.
25. DATE RECD. BY LOCAL REG.: JUN 29 1961
26. REGISTRAR'S SIGNATURE: Paul Smith M.D.

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 Guy W. Wilkes

Licensed Embalmer No. 3575

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.