

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-038363

STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **10377**

FILED NOV 10 1958

1. PLACE OF DEATH
a. COUNTY _____
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits Yes No
TOWN **St. Louis**
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTE Length of stay in 1b
02 Alexian Bros. Hospital **2169**

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **Missouri** b. COUNTY _____
c. CITY OR TOWN **St. Louis** Inside Limits Yes No
d. STREET ADDRESS (If outside, give location) Reside on Farm Yes No
3619 Dunnica

3. NAME OF DECEASED First Middle Last 4. DATE OF DEATH Month Day Year
Joseph Yavornick **October 27, 1958**

5. SEX Male Female 6. COLOR OR RACE **White** 7. MARRIED NEVER MARRIED WIDOWED DIVORCED 8. DATE OF BIRTH **Nov. 1, 1886** 9. AGE (In years last birthday) **71** IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Miner** 10b. KIND OF BUSINESS OR INDUSTRY **Coal** 11. BIRTHPLACE (City and state or country) **Yugoslavia 6** 12. CITIZEN OF WHAT COUNTRY? **U.S.**

13a. FATHER'S NAME **Joseph Yavornick Sr.** 13b. MOTHER'S MAIDEN NAME **Unknown** 14. NAME OF HUSBAND OR WIFE **Louise**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, go, or unknown) (If yes, give war or dates of service) **No** 16. SOCIAL SECURITY NO. **Unknown** 17. INFORMANT Address **Louise Yavornick, Bend, Ill.**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) **Arterio-sclerosis**
Hypertension
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) **420.1**
INTERVAL BETWEEN ONSET AND DEATH **about 4 weeks**

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) **Coronary Heart Disease with hypertrophy of ventricle** 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 Month, Day, Year a.m. p.m. _____

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 **Aug. 1st 1958** to **Oct. 27-1958** and last saw him alive on **Oct. 27-1958**. Death occurred at **11:40 P.M.** m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE **H. C. Wintersberg - M.D.** (Degree or title) 22b. ADDRESS **3606 Main St.** 22c. DATE SIGNED **10/29/58**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 23b. DATE **10-28-58** 23c. NAME OF CEMETERY OR CREMATORY **Local** 23d. LOCATION (City, town, or county) (State) **Bend, Ill.**

24. FUNERAL DIRECTOR ADDRESS **Albert H. Hoppe, 4700 Washington Blvd.** 25. DATE RECD. BY LOCAL REG. **OCT 29 1958** 26. REGISTRAR'S SIGNATURE **J. Earl Smith, M.D.**

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 *Robert M. Murray*
.....
Licensed Embalmer No. *3749*.....

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.