REG'D SEP 14 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH St. Louis, Missouri

County .....

Township .....

City ..... (No. St. Louis Maternity Hospital St. ..... Ward)

Registration District No. 791

Primary Registration District No. 1008

File No. 27537

Registered No. 7037

2. FULL NAME Wasylenko, Infant Boy

(a) Residence, No. 6738a Waldemar Ave St., NR Ward. Wellston Mo
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word):

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 13, 1939

7. AGE: Years | Months | Days | If LESS than 1 day, ...hrs. or ....min.

Stillborn

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

FATHER

13. NAME John Louis Wasylenko

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) West Frankfort Ill

MOTHER

15. MAIDEN NAME Helen Choweanec

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Herrin, Ill.

17. INFORMANT John Wasylenko
(ADDRESS) 6738a Waldemar Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE ST. MATTHEWS CEM. DATE Aug. 14, 1939

19. UNDERTAKER M. J. Croghan
(ADDRESS) 7148 Manchester Ave.

20. FILED AUG 14 1939 J. O. Budach Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/13, 1939

22. I HEREBY CERTIFY, That I attended deceased from 8/13, 1939, to 8/13, 1939

I last saw ~~him~~ alive on 8/13, 1939 Death is said to have occurred on the date stated above, at 3:15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Anencephalic monster	
Stillborn (37 wks.)	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Harry Hartman, M. D.

(Address) St. Louis Maternity Hosp.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

BOM-10-22-38 I X9314

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 M. J. Croghan Jr .....Registered Apprentice No. 193, working under my personal supervision.

Signed: M. J. Croghan .....

Licensed Embalmer No. 2622

7146 Manchester Av. St. Louis, Mo.