

FILED FEB 24 1942 791

Primary Registration District No.

1003

Registrar's No.

298

1. PLACE OF DEATH:

(a) County.....
(b) City or town..... **St. Louis,**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1010 Geyer Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community.....
years, months or days)

3. (a) PRINT FULL NAME..... **Frank Yanczer**

3. (b) If veteran, name war..... **No**
3. (c) Social Security No.....

4. Sex **Male** 5. Color or race **Wht.**
6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife..... **Margaret**
6. (c) Age of husband or wife if alive..... **65** years

7. Birth date of deceased..... **May 11 1880**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	61	7	28	hr. min.

9. Birthplace..... **Hungaria**
(City, town, or county) (State or foreign country)

10. Usual occupation..... **Shoe Worker**

11. Industry or business.....

MOTHER FATHER { 12. Name..... **Joseph Yanczer**

13. Birthplace..... **Hungaria**
(City, town, or county) (State or foreign country)

14. Maiden name..... **Veronica Hilfinbam**

15. Birthplace..... **Hungaria**
(City, town, or county) (State or foreign country)

16. (a) Informant..... **Margaret Yanczer**

(b) Address..... **1010 Geyer Ave.**

17. (a) **Burial** (b) Date thereof **1/12/42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... **New S.S. Peter & Paul**

18. (a) Signature of funeral director..... **Wm. G. Mondell**

(b) Address..... **1926 Allen Ave.**

19. (a) **JAN 11 1942** (b) **J. F. Brudick**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Missouri** (b) County.....
(c) City or town..... **St. Louis,**
(If outside city or town limits, write "RURAL")
(d) Street No..... **1010 Geyer Ave.**
(If rural, give location)
(e) Citizen of foreign country?..... **No** (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... **Jan** day..... **10**
year..... **1942** hour..... **7:00** minute..... P.M.

21. I hereby certify that I attended the deceased from
Jan 10 1942 to **Jan 10 1942**
that I last saw him alive on **Jan 10 1942**
and that death occurred on the date and hour stated above.

Immediate cause of death..... **Pulmonary tuberculosis**
Duration..... **4 yrs.**

Due to.....

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy.....

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....

(b) Date of occurrence.....

(c) Where did injury occur?.....
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work?..... (Specify type of place)
(e) Means of injury.....

23. Signature..... **J. A. Schneider** (M. D. or other) **M.D.**

Address..... **2010 29th** Date signed..... **1/12/42**

WRITE PLAINLY—USE 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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Benj. C. Dunson

.....
Licensed Embalmer No. *2472*

P. O. Address *1926 Allen*

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.