

Registration District No. _____ Primary Registration District No. **1003**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County _____

(b) City or town **St. Louis, Mo.**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **3447 Gasconade Street**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community **34 years** years, months or days)

3. (a) PRINT FULL NAME **Yvonne C. Piskulich**

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

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

6. (b) Name of husband or wife **Wm. G. Piskulich** 6. (c) Age of husband or wife if alive **42** years

7. Birth date of deceased **September 1, 1909.**
(Month) (Day) (Year)

8. AGE: Years **34** Months **8** Days **29** If less than one day
hr. _____ min. _____

9. Birthplace **St. Louis, Mo.** (City, town, or county) (State or foreign country)

10. Usual occupation **At home**

11. Industry or business _____

MOTHER FATHER

12. Name **Joseph Schaelich**

13. Birthplace **St. Louis, Mo.** (City, town, or county) (State or foreign country)

14. Maiden name **Clara Arand**

15. Birthplace **St. Louis, Mo.** (City, town, or county) (State or foreign country)

16. (a) Informant **Wm. G. Piskulich**

(b) Address **3447 Gasconade Street**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **6/2/1944.**
(Month) (Day) (Year)

(c) Place: burial or cremation **Oak Grove Cemetery**

18. (a) Signature of funeral director **Gebken-Benz**

(b) Address **2842 Meramec Street.**

19. (a) **MAY 31 1944** **J. F. Branch**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis**

(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")

(d) Street No. **3447 Gasconade Street**
(If rural, give location)

(e) Citizen of foreign country? **No.** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **30th**
year **1944** hour **4** minute **15 A.** M.

21. I hereby certify that I attended the deceased from **March 15, 1944** to **May 30, 1944**
that I last saw her alive on **May 30, 1944**
and that death occurred on the date and hour stated above.

Immediate cause of death: **Acute myocardial infarction**
Due to _____ **50**
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

PHYSICIAN

Major findings:
Of operations _____
Of autopsy _____
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. F. Branch** (M. D. or other)
Address **3958 J. Broad St.** Date signed **6/2/44**

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 Howard P. Rowland

Licensed Embalmer No. 3114

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