

FILED MAY 27 1946  
318

Registration District No.

Primary Registration District No.

1003

Registrar's No. 4495

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:  
Alexian Bros. Hospital  
(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)

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. 1120 Dolman St.  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME JOHN YAKIMO

3. (b) If veteran, name war..... 3. (c) Social Security No. 497-09-7881

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married; divorced Married  
6. (b) Name of husband or wife Katherine Yakimo 6. (c) Age of husband or wife if alive 54 years  
7. Birth date of deceased Sept. 11, 1883  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
62 8 1 hr. min.

9. Birthplace ? Austria  
(City, town, or county) (State or foreign country)

10. Usual occupation Machine Operator

11. Industry or business St. Louis Cordage Mills

12. Name Onofry Yakimo

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

14. Maiden name Prisilla ?

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

16. (a) Informant Katherine Yakimo

(b) Address 1120 Dolman St.

17. (a) Burial (b) Date thereof 5/15/46  
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director CHULICK UND. CO. INC.

(b) Address 1722 Jefferson Ave.

19. (a) MAY 20 1946 (b) J. F. Bredek  
(Date received local registrar) (Registrar's signature)

20. DATE OF DEATH: Month May day 12  
year 1946 hour 8 minute 15 P.M.

21. I hereby certify that I attended the deceased from May 1, 1946, to May 12, 1946  
that I last saw him alive on May 12, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death.....  
Acute Myocarditis Duration 2 days

Due to.....  
Carcinoma of stomach 3 yrs

Due to.....  
Intestate

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) No  
(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?

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

23. Signature H. J. [Signature] (M. D. number) AD  
Address 2608 S. [Signature] Date signed 5-16-46

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

MOTHER FATHER

**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..... *Alex A. Chulick* .....  
Licensed Embalmer No..... *4143* .....  
P. O. Address..... *1722 S. Verffence* .....

**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.**