

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35489

State File No. _____

FILED OCT 21 1950

8615

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. _____

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

1. PLACE OF DEATH a. COUNTY _____ b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS c. LENGTH OF STAY (in this place) 1 WEEK d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) JEWISH HOSPITAL		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY _____ c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS 2059 d. STREET ADDRESS (If rural, give location) 6008A WESTMINSTER	
3. NAME OF DECEASED a. (First) DAVE (AKA DAVID) b. (Middle) YANKAVITZ c. (Last) _____ (Type or Print)		4. DATE OF DEATH (Month) (Day) (Year) Oct 11 1950	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH JUNE 7, 1888
9. AGE (In years last birthday) 62 IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 24 HRS. Hours _____ Mins. _____		11. BIRTHPLACE (State or foreign country) ST. LOUIS, Mo.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER		10b. KIND OF BUSINESS OR INDUSTRY PARK DEPT.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME JULIUS YANKAVITZ	
13b. MOTHER'S MAIDEN NAME PEARL SHAPIRO		14. NAME OF HUSBAND OR WIFE JENNIE YANKAVITZ	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. NONE	
17. INFORMANT'S SIGNATURE OR NAME HAROLD YANKAVITZ		ADDRESS 6008A WESTMINSTER	
MEDICAL CERTIFICATION			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Mesenteric arterial thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) diabetic arteriosclerosis DUE TO (c) _____	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 8 days	
19a. DATE OF OPERATION 10-1-50		19b. MAJOR FINDINGS OF OPERATION Gangrene of colon	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 260X	
22. I hereby certify that I attended the deceased from Oct 1, 1950 , to Oct 11, 1950 , that I last saw the deceased alive on Oct 11, 1950 , and that death occurred at 3:49 m. , from the causes and on the date stated above.			
23a. SIGNATURE <i>Joe J. Newkell</i> (Degree or title) MD		23b. ADDRESS 400 Olive	
23c. DATE SIGNED 10/11/50			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 10/13/1950	
24c. NAME OF CEMETERY OR CREMATORY CNESED SHEL EMETH		24d. LOCATION (City, town, or county) (State) UNIVERSITY CITY, Mo.	
DATE REC'D BY LOCAL REG. OCT 13 1950		REGISTRAR'S SIGNATURE <i>[Signature]</i>	
25. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i>		ADDRESS BERGER MEMORIAL 4715 NO PHERSON	

7/21/51

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
Student Embalmer

Signed *Paul A. Ludwig* _____

Licensed Embalmer No. *4829* _____

P. O. Address _____

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.