

FILED JUN 5 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19994

State File No.

318

1003

5047

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>St Louis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Louis</u>		c. LENGTH OF STAY (In this place) <u>6 Weeks</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clayton 4452</u>		d. STREET ADDRESS (If rural, give location) <u>7620 Carondelet Ave</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Jewish Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>7620 Carondelet Ave</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u>		b. (Middle) <u>Michael</u>		c. (Last) <u>Yagnino</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>5-18-53</u>	
5. SEX <u>M</u>		6. COLOR OR RACE <u>W.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>1</u>		8. DATE OF BIRTH <u>2-17-37</u>	
9. AGE (In years last birthday) <u>16</u>		10. MONTHS <u>3</u>		11. DAYS <u>1</u>		12. HOURS <u>1</u> MIN. <u>50</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City, State or Foreign Country) <u>St Louis MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Louis Yagnino</u>		13b. MOTHER'S MAIDEN NAME <u>Edna Citerman</u>		14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Louis Yagnino</u> ADDRESS <u>7620 Carondelet Ave</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Lymphosarcoma of Intestine</u>				MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Lymphosarcoma of Intestine</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 mo.</u>			
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				ANTECEDENT CAUSES			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) _____			
DUE TO (c) _____				II. OTHER SIGNIFICANT CONDITIONS			
Conditions contributing to the death but not related to the disease or condition causing death.				_____			
19a. DATE OF OPERATION <u>3/17/53</u>		19b. MAJOR FINDINGS OF OPERATION <u>Lymphosarcoma of ileum with metastases to lymph nodes</u>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)		21f. HOW DID INJURY OCCUR <u>2001</u>	
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 <u>2001</u>			
22. I hereby certify that I attended the deceased from <u>2/21/53</u> , 19 <u>53</u> , to <u>5/18</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>5/17</u> , 19 <u>53</u> , and that death occurred at <u>7:45 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>C. J. Keilseth M.D.</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>457 N. Kingshighway</u>		23c. DATE SIGNED <u>5/18/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>		24b. DATE <u>5-20-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calvary</u>		24d. LOCATION (City, town, or county) (State) <u>St Louis MO</u>	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>MAY 19 1953</u>		REGISTRAR'S SIGNATURE <u>Carl Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>H. B. Papp</u> ADDRESS <u>St Louis</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Felix Lusand

Licensed Embalmer No. 3034

P. O. Address McKuswood 7

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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