

FILED APR 11 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **10425**
Registrar's No. **2841**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Illinois b. COUNTY Madison	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.		c. CITY OR TOWN Bethalto	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Johns Hospital		STREET ADDRESS (If rural, give location) 503 Carbin	

3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) c. (Last) Yakstis		4. DATE OF DEATH (Month) (Day) (Year) March 28, 1955	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 5, 1876
9. AGE (In years last birthday) 78		IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Coal Mine	11. BIRTHPLACE (City and State or Foreign Country) Lithuania
12. CITIZEN OF WHAT COUNTRY? U.S.A.			

13a. FATHER'S NAME William Yakstis	13b. MOTHER'S MAIDEN NAME Bessie Unknown	14. NAME OF HUSBAND OR WIFE Mary A. Yakstis
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Year or unknowns) (If yes, give year or dates of service) No.	16. SOCIAL SECURITY NO. 345-01-0402	17. INFORMANT'S SIGNATURE OR NAME Mary A. Yakstis, Bethalto, Ill.

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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 yr.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CARCINOMA of Rectum		
ANTECEDENT CAUSES		DUE TO (b) _____	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		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 3/26/55	19b. MAJOR FINDINGS OF OPERATION Carcinoma of Rectum c Hepatic metastasis	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)
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? 154X

22. I hereby certify that I attended the deceased from **3/15/55** to **3/28, 1955**, that I last saw the deceased alive on **3/28, 1955**, and that death occurred at **8:15 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE **Emmanuel I. Kambou** (Degree or title) 23b. ADDRESS **106 So Central** 23c. DATE SIGNED **3/29/55**

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 3-29-55	24c. NAME OF CEMETERY OR CREMATORY Bethalto Cemetery	24d. LOCATION (City, town, or county) (State) Woodriver Township, Ill.
DATE REC'D BY LOCAL REG. MAR 29 1955	REGISTRAR'S SIGNATURE Ed Smith	25. FUNERAL DIRECTOR'S SIGNATURE Smith Fun. Home, 2521 Edwards	

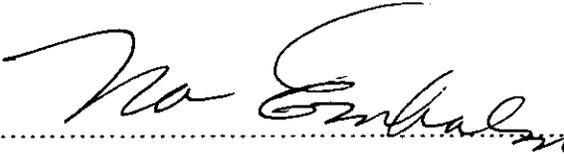
(Licensed Embalmer's Statement on Reverse Side)

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

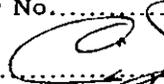
STATEMENT BY LICENSED EMBALMER

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.....
Signature of Student Embalmer

Signed.....


Licensed Embalmer No.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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