

FILED JUN 30 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20519

State File No. _____

BIRTH NO. _____

REG. DIST. NO. _____

318

PRIMARY REG. DIST. NO. _____

1003

Registrar's No. _____

4712

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		a. STATE Missouri b. COUNTY St. Louis	
c. LENGTH OF STAY (In this place)		c. CITY OR TOWN Wellston ⁴²⁹	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Johns Hospt		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS 1561 Wellston Pl.		(If rural, give location)	

3. NAME OF DECEASED (Type or Print)		a. (First) George		b. (Middle) Yagel		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) 5/27/55	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Sept 4 1882		9. AGE (In years last birthday) 72	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired		10b. KIND OF BUSINESS OR INDUSTRY Unknown		11. BIRTHPLACE (City and State or Foreign Country) Frankfort, Ky.		12. CITIZEN OF WHAT COUNTRY? USA			

13a. FATHER'S NAME Unk		13b. MOTHER'S MAIDEN NAME Unk		14. NAME OF HUSBAND/ OR WIFE Ann Yagel Dec.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or date of service) NO		16. SOCIAL SECURITY NO. Unk		17. INFORMANT'S SIGNATURE OR NAME Mrs. Virginia Baker	
				ADDRESS 1561 Wellston	

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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Ante coronary thrombosis		INTERVAL BETWEEN ONSET AND DEATH 15 min	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
		DUE TO (b)			
		DUE TO (c) Carcinoma of prostate			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. repeat surgery bladder stone			

19a. DATE OF OPERATION 5-16-55		19b. MAJOR FINDINGS OF OPERATION Carcinoma of prostate plus bladder stone		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE SUICIDE		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Frankfort, Ky. Mo.	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 177X	

22. I hereby certify that I attended the deceased from 5-11-55, 19____, to 5-27-55 19____, that I last saw the deceased alive on 5-27-55 19____, and that death occurred at 6.15p. m., from the causes and on the date stated above.

23a. SIGNATURE Robert Brennan		(Degree or title) MD		23b. ADDRESS 339 No. Grand Ave		23c. DATE SIGNED 5-28-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 5/31/55		24c. NAME OF CEMETERY OR CREMATORY Frankfort, Cem.		24d. LOCATION (City, town, or county) (State) Frankfort, Ky. Mo.	
DATE REC'D BY LOCAL REG. MAY 31 1955		REGISTRAR'S SIGNATURE Charles Smith		25. FUNERAL DIRECTOR'S SIGNATURE Jos. W. Clark		ADDRESS 1125 Hodiamont Ave.	

(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 *W E Morris*.....

Licensed Embalmer No. *33*.....

P. O. Address *St Louis*.....

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.