

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-042452
State File No. _____

FILED DEC 15 1958

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 11353

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

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) OR TOWN <u>St. Louis, Mo.</u>		c. CITY OR TOWN <u>Webster Groves</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3/ St. Louis State Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>27 526 Atalanta Ave., Louis, 9, Mo</u>	
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH (Month) (Day) (Year)	
a. (First) <u>LORING</u>		b. (Middle) <u>D.</u>	
c. (Last) <u>YENAWINE</u>		DATE <u>Nov. 24, 1958</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>June 29, 1909</u>
9. AGE (In years last birthday) <u>49</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Inspector</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Franz S. Yenawine</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Llewellyn</u>	
14. NAME OF HUSBAND OR WIFE <u>Elizabeth Yenawine</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>702-16-3377</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Elizabeth Yenawine, 526 Atalanta</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Multiple coronary thrombosis with massive old and recent myocardial infarctions</u>			
ANTECEDENT CAUSES			
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.			
DUE TO (b) _____			
DUE TO (c) <u>4201</u>			
II. OTHER SIGNIFICANT CONDITIONS			
Conditions contributing to the death but not related to the disease or condition causing death. <u>Arteriosclerotic heart disease with hypertrophy</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
		<u>hypertrophy</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)		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?	
22. I hereby certify that I attended the deceased from <u>Oct. 30, 1953, to Nov. 24, 1958</u> , that I last saw the deceased alive on <u>Nov. 24, 1958</u> , and that death occurred at <u>7:30A. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>J. B. Horstatter, M.D.</u>		23b. ADDRESS <u>5400 Arsenal St.,</u>	
23c. DATE SIGNED <u>11-24-58</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	
24b. DATE <u>11-26-58</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Hill Cem.</u>	
24d. LOCATION (City, town, or county) (State) <u>Kirkwood, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Parker-Aldrich Webster Groves</u>	
DATE REC'D BY LOCAL REG. <u>NOV 25 '58</u>		REGISTRAR'S SIGNATURE <u>J. Carl Smith, M.D.</u>	

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 *Lellie Welch*
Licensed Embalmer No. *439*

P. O. Address *Halister, Pa.*

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.