

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-035523
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 544 Registrar's No. 2732

1. PLACE OF DEATH 9 1961

a. COUNTY St. Louis

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirkwood Length of stay in 1b 15 hours

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph Hospital Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Mo. b. COUNTY St. Louis

c. CITY OR TOWN Kirkwood Inside Limits Yes No

d. STREET ADDRESS (If outside, give location) 1188 Lavendell Lane Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last

MICHAEL YEVAK

4. DATE OF DEATH Month Day Year

Sept. 26 1961

5. SEX Male 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced

8. DATE OF BIRTH 9/26/61 9. AGE (last birthday) IF UNDER 1 YEAR IF UNDER 24 HR. Months Days Hours Min. 15

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None 10b. KIND OF BUSINESS OR INDUSTRY None 11. BIRTHPLACE (City and state or country) Kirkwood, Mo. 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Edward Yevak 13b. MOTHER'S MAIDEN NAME Kathleen Bottani 14. NAME OF HUSBAND OR WIFE None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No 16. SOCIAL SECURITY NO. None 17. INFORMANT Address Mo. Edward Yevak, 1188 Laven-Del Lane, Kirkwood,

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) CONGENITAL HEART DISEASE WITH PULMONARY ATELECTASIS, BILATERAL.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) BILATERAL CYSTIC KIDNEYS WITH

DUE TO (c) HYDROURETERS.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from BIRTH (15 HRS) to DEATH and last saw her/him alive on Sept. 26, 1961

Death occurred at 10:30 pm on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) John C. Mertz M.D. 22b. ADDRESS 904 N CLAY KIRKWOOD MO 22c. DATE SIGNED 9-27-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 9/28/61 23c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery 23d. LOCATION (City, town, or county) (State) St. Louis County, Mo.

24. FUNERAL DIRECTOR ADDRESS Louis H. Bopp, Inc., Kirkwood, Mo. 25. DATE RECD. BY LOCAL REG. 9-28-61 26. REGISTRAR'S SIGNATURE John C. Mertz M.D.

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

BY AFFIDAVIT OF

ITEM NO.

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 Francis J. Myland Jr.

Licensed Embalmer No. 4512

P. O. Address Richard, Mo.

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.