

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

41270

1. PLACE OF DEATH

County St. Louis Registration District No. 789
 Township Central Primary Registration District No. 6033B
 City Lancaster (No. 8741 Natural Bridge Rd)

File No.
 Registered No.
 St. Ward)

2. FULL NAME

Eugene L. Yoellner Ward.

(a) Residence, No. 8741 Natural Bridge

(Usual place of abode) Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED (HUSBAND OF OR) WIFE OF <u>Helma Yoellner</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 26 - 1890</u>		
7. AGE YEARS <u>43</u>	MONTHS <u>1</u>	DAYS <u>17</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Chauffeur</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>unemployed</u>		
10. Date deceased last worked at this occupation (month and year)		
11. Total time (years) spent in this occupation		

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Paul</u> <u>no</u>
13. NAME <u>George H. Yoellner</u>
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Paul</u> <u>no</u>
15. MAIDEN NAME <u>Catherine Schmucker</u>
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Josephville</u> <u>no</u>
17. INFORMANT (ADDRESS) <u>Mrs. Helma Yoellner</u> <u>8741 Natural Bridge Rd</u>
18. (BURIAL) CREMATION, OR REMOVAL PLACE <u>National Cemetery</u> DATE <u>Dec 16</u> 19 <u>33</u>
19. UNDERTAKER (ADDRESS) <u>B. Tanner</u> <u>6107 Natural Bridge Rd</u>
20. FILED <u>12-15</u> 19 <u>33</u> <u>W. A. Blehner</u> Registrar

✓ MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/13, 1933

22. I HEREBY CERTIFY That I attended deceased from 10/13, 1933 to 12/13, 1933. I last saw him alive on 12/13, 1933. Death is said to have occurred on the date stated above, at 12/30 PM. The principal cause of death and related causes of importance were as follows:
Suicide; turned on burners of gas stove, in basement, sat on a box, leaned over the stove, threw coat over head. Was found thirty minutes later, after last seen.
 Date of onset

Other contributory causes of importance:
Asphyxiation by illuminating gas, by self intent. On other occasions had threatened to commit suicide. Caused by dispondancy.

Name of operation

What test confirmed diagnosis?

Was there an autopsy? no
 Coroner's view

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide?

Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify Super B. Timon
 (Address) 3718 Jennings Rd

M. D. W. A. Blehner
 Registrar

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

