JAN 2 3 1935

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

Do not use this space.

44370

1. PLACE OF DEATH
County St. Louis Co. Registration District No. 790
Township Central Primary Registration District No. 6038c
City Clayton (No. St. Louis County Hospital St. Ward)

File No.
Registered No. 420

2. FULL NAME John Yerger
(a) Residence, No. 3615 Ellers St., Ward. Rear Point Breeze
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, ~~WIDOWED, OR DIVORCED~~ HUSBAND OF ~~(OR) WIFE OF~~ Maggie

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 15. 1867

7. AGE: Years 67 | Months 2 | Days 4 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Concrete Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unemployed
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) Jeff Co. Mo.

FATHER
13. NAME Floyd Yerger
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME Mary Wessler
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Maggie Yerger 3615 Ellers Point Breeze Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE New St Johns Cem. DATE 12-21 1934

19. UNDERTAKER (ADDRESS) C. H. Meintz Ur. Clg. 7814 So. Broadway

20. FILED 12/20 1934 Robt J. Caldwell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-19 1934

22. I HEREBY CERTIFY, That I attended deceased from 11-18 1934 to 12-19 1934
I last saw him alive on 12-18 1934 Death is said to have occurred on the date stated above, at 5:00 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of oesophagus	

Other contributory causes of importance:
Arteriosclerosis
Malnutrition

Name of operation Gastrostomy Date of 1-24-34
What test confirmed diagnosis? Oesophagoscopy Autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19....
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? No
If so, specify
(Signed) P. G. Burns, M. D.
(Address) St. Louis Co. Hosp. Clayton, Mo.

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.