

RECD MAY 10 1938

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

12598

Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **781 1003**
 (b) Township Primary Registration District No.
 (c) City **St. Louis Mo.** (d) Street No. **4307a John Ave.** St.
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. **3202****2. PRINT FULL NAME** **Norman E. Yates 320**

(a) Residence, No. **4307a John Ave.** St. **9** (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Jan 9-1918**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
20 2 23

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. **Bank Clerk**
 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) **Naylor, Mo.**13. NAME **Wm. Walter Yates**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Missouri**15. MAIDEN NAME **Beulah Caldwell**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Missouri**17. INFORMANT **Beulan Yates**
(ADDRESS) **4307a John Ave.**18. BURIAL, CREMATION, OR REMOVAL PLACE **Doniphan, Mo.** DATE **Apr. 6-38**19. FUNERAL DIRECTOR **Henry Lechner U. Co**
(ADDRESS) **1417 N. Market St.**20. FILED **APR 5 1938** **J.P. Bredich** Local Registrar**MEDICAL CERTIFICATE OF DEATH**21. DATE OF DEATH (MONTH, DAY, AND YEAR) **April-2-38** 1922. I HEREBY CERTIFY, That I attended deceased from **March 28th 1938** to **April**, 19**38**I last saw him alive on **April 2nd**, 19**38**. Death is said to have occurred on the date stated above, at **10:00 P.M.**

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia.Date of onset
3-21-38

Other contributory causes of importance

Name of operation Date of
What test confirmed diagnosis? **Lobar pneumonia** Was there an 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 injury24. Was disease or injury in any way related to occupation of deceased? **no**If so, specify
(Signed) **G.H. Wilson** M. D.(Address) **436 2nd name ave**

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.

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No. or by, Registered Apprentice No.
working under my personal supervision.

Signed *(illegible signature)*
Licensed Embalmer No. *2927*

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.)