

DEC 11 1938

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

40881

Do not use this space.

## 1. PLACE OF DEATH

(a) County ..... Registration District No. ....  
 (b) Township ..... Primary Registration District No. .... Registered No. 10572  
 (c) City St. Louis, Mo. (d) Street No. City Infirmary St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred 48 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

2570 Hal Yokum  
 (a) Residence, No. 5800 Arsenal St. 13  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 6, 1873

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
64 11 28

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Paper Hanger  
 9. Industry or business in which work was done, as saw mill, bank, etc.  
 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) Edwardsville, Ill.

FATHER 13. NAME Henry Yokum  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER 15. MAIDEN NAME Nellie Braddock  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT J.G. Sullivan  
 (ADDRESS) 5800 Arsenal St.

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE City Crem. DATE 12-8 1938

19. FUNERAL DIRECTOR City Infirmary  
 (ADDRESS) George M. Pate

20. FILED DEC 8 1938 J.D. Braddock  
 Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 4, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 23, 1938, to Dec. 4, 1938

I last saw him alive on Dec. 4, 1938. Death is said to have occurred on the date stated above, at 1:50 A.M.

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

Chronic Myocarditis  
Generalized Arteriosclerosis

Date of onset

Other contributory causes of importance:

Name of operation None Date of  
 What test confirmed diagnosis? HIST. P.E. Was there an autopsy? Yes

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) George M. Pate, M. D.  
 (Address) 5800 Arsenal St.

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**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.....

Licensed Embalmer No.....

**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.)**