AUG 24 1939

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30278

Registration District No. 784 — Primary Registration District No. 200 — Registrar's No. 1506

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Rural Bonhomme 3
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Near Bellefontaine, Mo.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 74 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 1

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. Conway and Schoettler Roads
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Jessie M. Yokel 240

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased April (Month) 8, (Day) 1865 (Year)

8. AGE: Years 74 Months 4 Days 15 If less than one day _____ hr. _____ min.

9. Birthplace Chesterfield, (City, town, or county) Mo. (State or foreign country)

10. Usual occupation House Keeping

11. Industry or business Own home

FATHER
12. Name Henry Yokel
13. Birthplace _____ (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Sarah Smith
15. Birthplace St. Louis, (City, town, or county) Mo. (State or foreign country)

16. (a) Informant's own signature Henry Yokel
(b) Address Chesterfield, Mo. R.#

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-26-39 (Month) (Day) (Year)
(c) Place: burial or cremation Bonhomme Cemetery

18. (a) Signature of funeral director Theo Schrader
(b) Address Ballwin, Mo.

19. (a) AUG 24 1939 (Date received local registrar) D. R. Meyer M.D. Dr. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 23, year 1939 hour 10 minute 45 A. M.

21. I hereby certify that I attended the deceased from March 1939, 19__, to Aug 23, 1939, that I last saw her alive on Aug. 23, 1939 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Nephritis	
Due to Cause unknown	
Due to 131	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____ (Specify type of place)
While at work? _____ (e) Means of injury _____

23. Signature [illegible] (M. D. or other)
Address Chesterfield, Mo. Date signed 8-24 1939

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

I X19511

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Theo Schrader

Licensed Embalmer No. 3066

P. O. Address Ballwin, 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 this body is not embalmed, above space should be left blank.