DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

JAN 12 1940

Registration District No. 721

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No.

State File No. 41471

Registrar's No. 10594

1. PLACE OF DEATH: 1003

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 days (Specify whether
In this community 10 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 5146a Ridge Ave
(If rural, give location)

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

3. (a) PRINT FULL NAME Anna May Yockey 200

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex F.

5. Color or race W

6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Fred

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased Oct. 29, 1876
(Month) (Day) (Year)

8. AGE: Years 63 | Months 1 | Days 10 | If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Milton Baley
13. Birthplace Kentucky
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Anders
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Fred Yockey
(b) Address 5146a Ridge Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/12/39
(Month) (Day) (Year)

(c) Place: burial or cremation St. Matthews Cem

18. (a) Signature of funeral director [illegible]
(b) Address 2301 Lafayette Ave.

19. (a) DEC 11 1939 (Date received local registrar) (b) J. F. Bridgeh (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 9
year 1939 hour 11 minute P. M.

21. I hereby certify that I attended the deceased from
, 19 to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Fracture of Right Hip, Arteriosclerosis

Due to When she fell to floor

Due to [illegible] in [illegible] home 5087 Ridge

Other conditions Ave Dec 4-1939
(Include pregnancy within 3 months of death)
about 10 00 Am

Major findings:
Of operations Accident

Of autopsy

Duration

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) Accident

(b) Date of occurrence 12/4/39

(c) Where did injury occur? St Louis Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home
(Specify type of place)

While at work? (e) Means of injury 4

23. Signature Alfred Perry (M. D. or other)

Address Deputy Coroner Date signed 12.11.39

(Licensed Embalmer's Statement on Reverse Side)

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 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 L. K. Cooper

Licensed Embalmer No. 3633

P. O. Address 2317 Lafayette

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.