DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 9059

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 2542

1. PLACE OF DEATH:

(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: 3534 A PENNSYLVANIA (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community 10 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County

(c) City or town St. Louis (If outside city or town limits, write "RURAL") 24

(d) Street No. 3534 A. Pennsylvania (If rural, give location)

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

3. (a) PRINT FULL NAME John H. Yesberg

3. (b) If veteran, name war --

3. (c) Social Security No. 489-07-7268

4. Sex M

5. Color or race W.

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

6. (b) Name of husband or wife Carrie

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased July 23 1874 (Month) (Day) (Year)

8. AGE: Years 65 Months 7 Days 23 If less than one day hr. min.

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

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name John Yesberg
13. Birthplace Germany (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Katy Schafer
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Arthur J. Yesberg

(b) Address St. Louis, Mo.

17. (a) (Burial, cremation, or removal) (b) Date thereof Mar. 19 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Immanuel Luth. Cem

18. (a) Signature of funeral director Heiligtag Funeral Home

(b) Address Kimmswick, Mo.

19. (a) MAR 18 194 (Date received local registrar) (b) J. F. Bradrick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 17 year 1940 hour 2 minute 30 A 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

Due to Carcinoma Cervix Uterus

Due to

Other conditions (Include pregnancy within 3 months of death) 946

Major findings:
Of operations

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)

(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 Alfred A. Perry (M. D. or other)

Address Deputy Coroner Date signed 3-18-40

(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.

Rev. 5-17-39 1 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.....Arthur W. Heilington.....

Licensed Embalmer No.....38 702 E.....

P. O. Address.....

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.