

S. No. 2
-11.10.39
5-17-39
-I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

22769 ✓

State File No. _____

Registration District No. 784

Primary Registration District No. 101

Registrar's No. 1292

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
St. Louis County Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days
(Specify whether years, months or days)

In this community 9 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No. 1217 North & South Road
(If rural, give location)

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

3. (a) PRINT FULL NAME John Charles Yunker 526

8. (b) If veteran, name war _____ 3. (c) Social Security No. 49750E-678

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 11 year 1940 hour 12:37 minute A. M.

21. I hereby certify that I attended the deceased from 7-9-40 to 7-11-40, 19____; that I last saw him alive on 7-11-40, 19____; and that death occurred on the date and hour stated above.

4. Sex Male race White

5. Color or race _____

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

6. (b) Name of husband or wife HAZEL DELL YUNKER

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased April 3 1885
(Month) (Day) (Year)

Immediate cause of death Uremia
Coronary heart failure
Hypertensive cardiovascular
renal disease

Due to _____

Due to _____

8. AGE:	Years	Months	Days	If less than one day
	<u>55</u>	<u>3</u>	<u>8</u>	hr. _____ min. _____

Other conditions (Include pregnancy within 3 months of death) 131

Major findings: Of operations _____

Of autopsy Scared granular kidneys - indicating arteriosclerosis

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

10. Usual occupation Shoe Designer 9

11. Industry or business SAMMUELS-Shoe-Co. 9

MOTHER FATHER { 12. Name George Yunker

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Toole

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs Hazel Dell Yunker

(b) Address 1217 North & South Road

17. (a) Burial (b) Date July 13, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director [Signature]

(b) Address 1225 Union Blvd

19. (a) JUL 11 1940 (b) [Signature]
(Date received local registrar) (Registrar's signature)

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? _____

While at work? _____
(Specify type of place) (e) Means of injury _____

23. Signature Walter G. Spitz (M. D. or other) _____

Address St. Louis County Hosp Date signed 7/11/40

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

6
2
2

2.M

imposed

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

Bernard J. Stuart

Licensed Embalmer No.

3500

P. O. Address

1225 Union Blvd

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.