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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **40272**

**JAN 15 1940**  
Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **10043**

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

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis, Missouri  
(c) Name of hospital or institution:  
St. Louis City Hospital #1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 Days  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME Edward Yahncke  
3. (b) If veteran, name war no 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 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 July 24 1905  
(Month) (Day) (Year)

8. AGE: Years 35 Months 4 Days 12 If less than one day hr. \_\_\_\_\_ min.

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

10. Usual occupation Painter

11. Industry or business \_\_\_\_\_

12. Name Henry Yahncke

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

14. Maiden name Nettie McGuire

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

16. (a) Informant Henry Yahncke

(b) Address 3214 Park Ave.

17. (a) Burial (b) Date thereof 12/9/40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SITS, MATTHEWS, CEM.

18. (a) Signature of funeral director E. J. Schurr

(b) Address E. J. Schurr 3125 Lafayette

19. (a) DEC 7 1940 (b) J. F. Bredbeck  
(Date received local registrar) (Registrar's signature)

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. 3214 Park Ave.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 6,  
year 1940 hour 5:40 minute \_\_\_\_\_ A. M.

21. I hereby certify that I attended the deceased from December  
4, 1940 to December 6, 1940;  
that I last saw him alive on December 6, 1940;  
and that death occurred on the date and hour stated above.

Immediate cause of death Meningitis (pneumococci)

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Of operations Free pus along Tegmentum

Of autopsy not done

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 Edward H. Lynn (M. D. or other)

Address 1515 Lafayette Ave. Date signed 12/6/40

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

DEC 5 1941

**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 \_\_\_\_\_

*Joseph B. Hollmer*

Licensed Embalmer No. *4014*

P. O. Address *3125 Lafayette Ave*

**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.