

Registration District No. 791Primary Registration District No. 1003Registrar's No. 10916

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:
Phillips Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 24 das
 (Specify whether
 In this community 13 yrs
 years, months or days)

3. (a) PRINT FULL NAME Albert Yates3. (b) If veteran, name war. No- 3. (c) Social Security No. No4. Sex Male 5. Color or race negr 6. (a) Single, widowed, married, divorced widowd6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive _____ years7. Birth date of deceased Unknown
(Month) (Day) (Year)8. AGE: Years 50 Months _____ Days _____ If less than one day hr. _____ min. _____9. Birthplace Mo
(City, town, or county) (State or foreign country)10. Usual occupation Laborer

11. Industry or business _____

12. Name Unknown13. Birthplace Unknown
(City, town, or county) (State or foreign country)14. Maiden name Unknown15. Birthplace Unknown
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Newton Skinson(b) Address 812 Goodfellow17. (a) _____ (b) Date thereof 1-3-40
(Burial, cremation or removal) (Month) (Day) (Year)(c) Place: burial or cremation Washington Park18. (a) Signature of funeral director Manuel Wud. Co.(b) Address 4059 Finney19. (a) DEC 31 1940 (b) J. F. Budeck
(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. 812 Goodfellow
 (If rural, give location)
 (e) If foreign born, how long in U. S. A? 0 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 27
year 1940 hour 6:15 minute A. M.21. I hereby certify that I attended the deceased from December 3, 1940 to December 27, 1940
that I last saw him alive on December 27, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
<u>Bronchopneumonia</u>	<u>Abt 3 das</u>
<u>Esophageal Stricture</u>	<u>6 wks</u>
Due to <u>Carcinoma of esophagus</u>	

Due to _____
 Other conditions HO
 (Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____Of autopsy As above

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 Wells Ed Ford (M. D. or other)
Address 2601 N Whittier Date signed _____

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.....

William C. McDowell....., Registered Apprentice No.....
working under my personal supervision.

Signed William C. McDowell
Licensed Embalmer No. 2114
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.