

FILED MAR 17 1942 791

1003

Registration District No. ....

Primary Registration District No. ....

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

1. PLACE OF DEATH:

(a) County St. Louis, Missouri  
 (b) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Desloge Hospital  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution.....  
(Specify whether  
 In this community.....  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 15800  
 (c) City or town St. Louis 17  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 411 Bates St., 9  
(If rural, give location) 0  
 (e) Citizen of foreign country?.....  
(Yes or No)  
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 21st  
 year 1942 hour 5a: minute..... 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.....  
 Duration 24 hrs

Due to hypertension  
(onset 18 hrs. post-operative)  
probable pathology in Hypertension  
following complete hysterectomy

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

Major findings: large fibroid uterus - hysterectomy  
Of operations of tubes - chocolate cysts of ovary  
Of autopsy negative. Brain to be fixed  
and sectioned later for diagnosis  
 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?

23. Signature Conrad St. Gerwitz (M. D. or other).....  
(Specify type of place) While at work?.....  
(e) Means of injury.....  
 Address Metropolitan Bldg. Date signed 2/22/42

3. (a) PRINT FULL NAME Emma R. Yeida

3. (b) If veteran, name war None 3. (c) Social Security No. NONE

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife L. Newton Yeida 6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased April 18, 1903  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>38</u>	<u>10</u>	<u>3</u>	..... hr. .... min.

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

10. Usual occupation Waitress

11. Industry or business.....

12. Name Peter Hoff

13. Birthplace Germany

14. Maiden name Elizabeth Hoff  
(State or foreign country)

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

16. (a) Informant Mr. L. Newton Yeida

(b) Address 411 Bates St.

17. (a) Burial (b) Date thereof 2-24-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park Lawn

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

(b) Address 6322 S. Grand Bldg.

19. (a) FEB 23 1942 (b) J. L. Braddock  
(Date received local registrar) (Registrar's signature)

---

---

**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..... *Virgil E. Perryman*

Licensed Embalmer No. *21078#*

P. O. Address *P. O. Box 111*

**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, fact should be so stated above.**