

FILED MAR 6 1942

State File No. _____

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 508

1. PLACE OF DEATH:

(a) County St. Louis Mo
(b) City or town St. Louis Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3227 N. Broadway
(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 Mo (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3227 N. Broadway
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Prosper Yeida

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M. D. 5. Color or race W. 6. (a) Single, Married, divorced

6. (b) Name of husband or wife Anna Yeida 6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased 3-9-1888
(Month) (Day) (Year)

8. AGE: Years 53 Months 10 Days 14 If less than one day _____ hr _____ min.

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

10. Usual occupation Med. Tire Dealer

11. Industry or business Tire Industry

12. Name Fred Yeida

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

14. Maiden name Evelyn Lacker

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

16. (a) Informant Anna Yeida

(b) Address 3227 N. Broadway

17. (a) Burial (b) Date thereof 1-17-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cemetery

18. (a) Signature of funeral director D. J. Brennan

(b) Address 2849 N. Laurel

19. (a) JAN 17 1942 (b) J. F. Bruck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 15
year 1942 hour 11 minute 05 am

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 Multiple lacerations of both arms and neck; self inflicted with razor in his shop at 3227 No. Broadway, on Jan. 15th, 1942, at about 10:38 A.M. SUICIDE.

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

Major findings: HWK
Of operations 16
Of autopsy _____

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) SUICIDE

(b) Date of occurrence 1-15/1942

(c) Where did injury occur? St. Louis, Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
No public place

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

23. Signature Alfred Perry (M. D. or other) 3

Address St. Louis Date signed 1/16/42

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

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.....

Licensed Embalmer No.....

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, fact should be so stated above.