

No. 2
-1-4-41
5-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

20146
3918
State File No. _____
Registrar's No. _____

FILED JUL 20 1942 791

1003

Registration District No. _____ Primary Registration District No. _____

00
17
9
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St Louis

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

(c) Name of hospital or institution:
Missouri Baptist 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 days
(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 23
(If outside city or town limits, write "RURAL")

(d) Street No. 1825 Sedgely 061
(If rural, give location) 17

(e) Citizen of foreign country? no (Yes or No) 0

If yes, name country _____

3. (a) PRINT FULL NAME FRANK YATES

3. (b) If veteran, name war no

3. (c) Social Security 489-09-4667

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July, day 9th, year 1942 hour 11 P.M. minute 00

21. I hereby certify that I attended the deceased from July 9, 1942 to July 9, 1942

that I last saw him alive on July 9, 1942 and that death occurred on the date and hour stated above.

4. Sex male 0 5. Color or race white

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

6. (b) Name of husband or wife Juanita

6. (c) Age of husband or wife 30 years

7. Birth date of deceased: May 12 1904
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>38</u>	<u>1</u>	<u>27</u>	_____ hr. _____ min.

Immediate cause of death Metastatic Carcinoma 1 year

Carcinoma, primary ?

cause undetermined

Duration _____

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Biopsy of Cervical lymph glands show carcinoma

Of autopsy _____

9. Birthplace Ridgeway see 1
(City, town, or county) (State or foreign country)

10. Usual occupation laborer

11. Industry or business _____

MOTHER FATHER { 12. Name James Yates

13. Birthplace White Co see 1
(City, town, or county) (State or foreign country)

14. Maiden name Maria Ann Kempell

15. Birthplace Ridgeway see 1
(City, town, or county) (State or foreign country)

16. (a) Informant Juanita Yates

(b) Address 1825 Sedgely St

17. (a) ~~burial~~ (b) Date thereof July 10-42
(Month) (Day) (Year)

(c) Place of burial or cremation E St Louis

18. (a) Signature of funeral director Harry Robins

(b) Address 417 N 8th St St Louis see 1

19. (a) JUL 19 1942 (Date received local registrar)

J. F. Bredon (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) _____ (c) Cause of injury _____

23. Signature Harry Thieme (M.D. or other) 0

Address 315 University City Blvd Date signed 7-9-42

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

846 (Licensed Embalmer's Statement on Reverse Side)

5918
8T69

5918
8T69

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 me
....., Registered Apprentice No.
working under my personal supervision.

Signed Ben H. Baldussi
Licensed Embalmer No. 2420
P. O. Address E. St. Louis Ill.

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.