. S. No. 2
OM—5-42
5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 9 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 16784

Registration District No. 818 Primary Registration District No. 1003 Registrar's No. 4923

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: 1820 Goode, Ave 1 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 9 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Mo (b) County 17
(c) City or town ST Louis (If outside city or town limits, write "RURAL")
(d) Street No. 1820 Goode, Ave (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Robert Donald Yancey
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex Male 2
5. Color or race C
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 11 (Month) 18 (Day) 1933 (Year)

8. AGE: Years 9 Months 6 Days 8 If less than one day hr. min.

9. Birthplace ST Louis (City, town, or county) Mo (State or foreign country)
10. Usual occupation Student
11. Industry or business
FATHER 12. Name Robert Yancey
13. Birthplace (City, town, or county) Tenn (State or foreign country)
MOTHER 14. Maiden name Omie Forte
15. Birthplace Carthrage (City, town, or county) Texas (State or foreign country)
16. (a) Informant Annie Yancey
(b) Address 1820 Goode
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-31-43 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park
18. (a) Signature of funeral director Bennie Love
(b) Address 3103 Washington
19. (a) MAY 28 1943 (Date received local registrar) J. F. Bulach (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 26 year 1943 hour 3:30 minute M.

21. I hereby certify that I attended the deceased from 5-25, 1943 to 5-26, 1943 that I last saw him alive on May 26, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Hemiplegia
Due to from Cerebral Hemorrhage
Due to unknown
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

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

23. Signature J. L. Wilder (M. D. or other)
Address 2600 Dickson Date signed 5-27-43

(Licensed Embalmer's Statement on Reverse Side)

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 William Claude Gordon

Licensed Embalmer No. 3489

P. O. Address 4575 Aldine

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.