

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 6460

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 Pacific Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 18 days
(Specify whether years, months or days)

In this community 79 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
17

(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 7/16

(d) Street No. 322 Chippewa St.
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME ERNST F. YEHLING

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

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Lulu Woods 6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased Oct. 22 - 1861
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 16 year 1943 hour 9 minute 30 A.M.

21. I hereby certify that I attended the deceased from 6/25/43 to 7/16/43, 1943, that I last saw him alive on 7/15/43, 1943, and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>82</u>	<u>8</u>	<u>24</u>	hr. _____ min. _____

Immediate cause of death myocardial collapse

Due to hypertrophy atherosclerosis

Due to senility

9. Birthplace Eagle Cliff Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation Retired R.R. Engineer

11. Industry or business Railroadin

MOTHER FATHER { 12. Name Unknown

{ 13. Birthplace Unknown 9

{ 14. Maiden name Martha Koeing

{ 15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

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

Major findings: Of operations 137

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Lulu Woods Yehling

(b) Address 3222 Chippewa St

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof July 19, 1943
(Month) (Day) (Year)

(c) Place: burial or cremation Missouri Crematory

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

(b) Address 1936 St. Louis Ave.

19. (a) JUL 17 1943 (Date received local registrar) (b) J. F. Brudick (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)

(a) Means of injury _____

19. Signature D. J. O'Dowd (M. D. or other)
Address Missouri Pacific Hospital signed 7/16/43

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. *3737*

P. O. Address *1926 St. Louis Ave*

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.