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5-17-39  
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40786

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED DEC 22 1943  
Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 14994

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:  
Lutheran Hosp. O  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2  
(Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days

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")  
9 11

(d) Street No. 4529 Maffitt Ave.  
(Rural, give location)

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

3. (a) PRINT FULL NAME Marothy Charlotte Yeoman

3. (b) If veteran, \_\_\_\_\_ 3. (c) Social Security No. 499-01-6287

name war \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 11  
year 1943 hour 6 minute 10 P.M.

4. Sex Female 5. Color or race white

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

6. (b) Name of husband or wife Samuel Yeoman 6. (c) Age of husband or wife if alive Dec 10 years

7. Birth date of deceased Dec 14, 1891  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from about  
8 to 10 hrs to \_\_\_\_\_, 1943

that I last saw her alive on Dec 10, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Sepsis Duration \_\_\_\_\_

8. AGE: Years 51 Months 0 Days 2 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to Cellulitis of knee Duration 10 days

Abscess Right chest 2 wks

Due to Non-tubercular

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

Other conditions Varicella virus  
(Include pregnancy within 3 months of death)

10. Usual occupation Printing Business

Major findings: Sepsis  
Of operations Right leg about 8 wks ago

11. Industry or business Swift Printing Co

Of autopsy \_\_\_\_\_

12. Name Charles John Miller

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

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

14. Maiden name Elizabeth Lou Kennedy

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

16. (a) Informant Mrs. Marie Miller

(b) Address R.R. 10 Box 609 Ferguson Mo.

17. (a) Burial (b) Date thereof Dec 13, 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lafayette Cem.

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)

(e) Means of injury \_\_\_\_\_

18. (a) Signature of funeral director Chas. A. Bull

(b) Address 445 Washington St.

23. Signature Marshall Robert Miller (D or other) DEC 13, 1943

Address 933 Arcade Bldg Date signed \_\_\_\_\_

19. (a) DEC 13 1943 (b) J. F. Medeck  
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

**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 *John Letter*  
Licensed Embalmer No. *3880*

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.**