

FILED JUN 1 1945
318

Registration District No. 1003

Primary Registration District No. 1003

Registrar's No. 4905

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: Card Lane Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution one day (Specify whether years, months or days)

8. (a) PRINT FULL NAME Martha Yates

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Edward Yates 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased January 23 1861
(Month) (Day) (Year)

8. AGE: Years 84 Months 3 Days 10 If less than one day hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER { 12. Name Unknown
18. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Ira Yates

(b) Address Marine, Ill.

17. (a) Burial (b) Date thereof 6-3-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenville, Missouri

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) JUN 1 1945 (b) J. B. Bredak
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Wayne
(c) City or town Greenville
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 1
year 1945 hour _____ minute 1:45 AM.

21. I hereby certify that I attended the deceased from May 31 1945 to June 1 1945
that I last saw her alive on May 31 1945
and that death occurred on the date and hour stated above.

Immediate cause of death chronic myocarditis
Duration 1 yr.

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

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy _____
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? _____

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

23. Signature T. J. Kemp (M. D. or other) _____
Address 4563 Washington Date signed June 1 1945

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

CC
17
9

*right of
signature and last
page
date 11/1/51*

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 Agorski*
Licensed Embalmer No. *3398*
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, above space should be left blank.