

Registration District No. 267

Primary Registration District No. 2063

Registrar's No. 2430

1. PLACE OF DEATH:

(a) County ST. LOUIS

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

(c) Name of hospital or institution: St. Louis County Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days
(Specify whether years, months or days)

In this community 18 yrs
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

(c) City or town Valley Park 16
(If outside city or town limits, write "RURAL")

(d) Street No. Hodnett Hotel, St. Louis Ave. 0
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No) 1

If yes, name country _____

3. (a) PRINT FULL NAME EDWARD YACKEY

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Male 5. Color or race Wh. 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 Sept. 12 1882
(Month) (Day) (Year)

8. AGE: Years 63 Months 1 Days 6 If less than one day _____ hr. _____ min.

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

10. Usual occupation Maintenance Man

11. Industry or business Hotel

MOTHER FATHER { 12. Name John Yackey

13. Birthplace Illinois
(State or foreign country)

14. Maiden name Mary Henrahan

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

16. (a) Informant Sister-Mrs. Clarice Lloyd

(b) Address 5101 Cote Brillante, St. L. Mo.

17. (a) Burial (b) Date thereof 10-22-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cemetery

18. (a) Signature of funeral director Drehmann-Harral

(b) Address 1905 Union Blvd.

19. (a) 10-21-45 (b) E. J. McManis
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 18
year 1945 hour 7 minute 25 P. M.

21. I hereby certify that I attended the deceased from Oct. 16, 1945 to Oct. 18, 1945
that I last saw him alive on Oct. 18 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage 2 days
Duration _____

Due to _____

Due to 83 a1

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

Major findings: Of operations _____

Of autopsy hemorrhage of lenticular striate artery

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? _____

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

23. Signature Wm. W. Carter (M. D. or other) M.D.
Address 603 Brentwood, Clayton Date signed 10-18-45

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

76
2
3

197
123/45

OCT 24 1945

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.....

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.

B. J. ...