

STANDARD CERTIFICATE OF DEATH

15355

State File No.

Registration District No.

Primary Registration District No.

1003

Registrar's No. 3232

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:
4916 Neosho /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community Life
years, months or days) (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County.....
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4916 Neosho
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Ernest G. 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 Cora 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased August 8 1887
(Month) (Day) (Year)

8. AGE: Years 58 Months 7 Days 26 If less than one day hr. min.

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

10. Usual occupation Supt. R.R.

11. Industry or business.....

MOTHER FATHER { 12. Name Ernest Yehling
13. Birthplace not known
(City, town, or county) (State or foreign country)
14. Maiden name Anna
15. Birthplace Germandy
(City, town, or county) (State or foreign country)

16. (a) Informant Cora Yehling
(b) Address 4916 Neosho

17. (a) Burial (b) Date thereof 4/8/46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director J. L. Ziegenhein & Sons
(b) Address 7027 Gravois

19. (a) APR 8 1946 (b) J. F. Bredeek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 4th
year 1946 hour 4:20 minute P: M.

21. I hereby certify that I attended the deceased from....., 19..... to....., 19.....

that I last saw him..... alive on....., 19..... and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death) g/h

Major findings: Of operations.....

Of autopsy.....

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) (c) Means of injury.....

23. Signature Alfred Perry (M. D. or other).....
Address..... Date signed 4/12/46

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7/4/77
9
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Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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 *W. G. Peterson*

Licensed Embalmer No. *3767*

P. O. Address *Overland 14 mo*

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.