

FILED MAY 31 1946
318

Registration District No. _____

Primary Registration District No. 1002

Registrar's No. 4457

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

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: The Barnard Free Skin and Cancer Hospital
(If not in hospital or institution, write street number or location)

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

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis

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

(d) Street No. 4215 - Breeseal
(If rural, give location)

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

3. (a) PRINT FULL NAME M. F. D. A. A. YONKER'S

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex M 5. Color or race W

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

(b) Name of husband or wife Edy Yonkers

6. (c) Age of husband or wife if alive dead years _____

7. Birth date of deceased 3 12 1872
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>74</u>	<u>2</u>	<u>4</u>	hr. _____ min. _____

9. Birthplace Wilton Center Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business _____

12. Name James Crawford

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

14. Maiden name Elizabeth Sampson

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

16. (a) Informant Patience Hospital

(b) Address 4215 Breeseal Record

17. (a) Patience (b) Date thereof 5-19-46
(Month) (Day) (Year)

(c) Place: burial Oak Hill Cemetery, Joliet, Ill.

18. (a) Signature of funeral director Casey J. Jones

(b) Address St. Louis

19. (a) MAY 18 1946 (b) J. F. Breeseal
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 16 year 46 hour 1 minute 10 P.M.

21. I hereby certify that I attended the deceased from April 24 1946 to 16 May 1946
that I last saw h.e.r. alive on 16 May 1946
and that death occurred on the date and hour stated above.

Immediate cause of death: Empyema, left lower neck, by medication

Duration 1 hr

Due to Peri-empygeal abscess

Due to Diverticulum Esophagus 3 Month
course

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

Major findings: Obstruction / Esophagus

Of operations _____

Of autopsy See above

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)

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 _____

23. Signature James W. Miller (M. D. or other) _____

Address Barnard Free Skin and Cancer Hospital Date signed 18 May 46

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 *H. M. Lenth*
Licensed Embalmer No. *3601*
P. O. Address *St. Clair, 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.