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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 3 1947
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THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. **318** Primary Registration District No. **1002** Registrar's No. **770**

1. PLACE OF DEATH:
(a) County **St. Louis, Missouri.**
(b) City or town **St. Louis, Missouri.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **St. Louis City Hospital-Max C. Starkloff**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **newborn** (Specify whether in this community **newborn** years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **St. Louis**
(c) City or town **St. Louis** (If outside city or town limits, write "RURAL")
(d) Street No. **Memorial 4715 Kensington** (If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME **Infant BABY YARBROUGH (female)**
3. (b) If veteran, name war 3. (c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Jan.** day **13th**
year **1947** hour **1:45** minute **P** M.
21. I hereby certify that I attended the deceased from **12/3/46** to **1/13/47**
that I last saw h. **er** alive on **1/13/47** and that death occurred on the date and hour stated above.

4. Sex **female** 5. Color or race **white** 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 **December 3rd, 1946**
(Month) (Day) (Year)

Immediate cause of death **Premature Infant Diarrhea**
Due to
Due to
Other conditions (Include pregnancy within 3 months of death) **119**
Major findings:
Of operations
Of autopsy

8. AGE: Years Months Days If less than one day
1mo-10days hr. min.
9. Birthplace **St. Louis, Missouri.** (City, town, or county) (State or foreign country)
10. Usual occupation **nil**

MOTHER FATHER
11. Industry or business
12. Name **Rolla Yarbrough**
13. Birthplace **Richwood, Mo.** (City, town, or county) (State or foreign country)
14. Maiden name **Sybil Barley**
15. Birthplace **Senath, Mo.** (City, town, or county) (State or foreign country)

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

16. (a) Informant **M. Renard**
(b) Address **St. Louis City Hospital.**
17. (a) **Burial** (b) Date thereof **1-13-47** (Month) (Day) (Year)
(c) Place of burial or cremation **City Crematory**
18. (a) Signature of funeral director **J. F. Brebeck**
(b) Address **City Hospital, Rm. 7, 3500**
19. (a) **1-23-47** (b) **J. F. Brebeck** (Date received local registrar) (Registrar's signature)

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? **installing**
23. Signature **1515 Lafayette** **1/13/47** or other) (Date signed)

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.....

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.