

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 14 1947
Registration District No. 317

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
Primary Registration District No. 6076

Dr. Henry
State File No. 12030
Registrar's No. 288

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Rural, Bonhomme Twpsh.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Conway Road
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none
(Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County St. Louis 96
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Conway Road
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Henry G. Yokel
3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex Male 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 Dec. 25 1867
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 2, year 1947 hour 1:30 minute 0 P. M.
21. I hereby certify that I attended the deceased from Feb 3 1946 to April 2 1947
that I last saw him alive on Mar 28 1947
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
79 3 7 hr. min.

Immediate cause of death acute cardiac failure sudden
Duration _____

9. Birthplace St. Louis Co. Mo.
(City, town, or county) (State or foreign country)
10. Usual occupation Farmer
11. Industry or business Own farm

Due to Ch. myocarditis
Due to Hypertension

MOTHER FATHER
12. Name Henry Yokel
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Sarah C. Smith
15. Birthplace Kentucky
(City, town, or county) (State or foreign country)

Other conditions (include pregnancy within 3 months of death) 93
Major findings:
Of operations _____
Of autopsy _____

16. (a) Informant Annie Yokel
(b) Address Chesterfield, Mo.
17. (a) Burial (b) Date thereof Apr. 5, 47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Bonhomme Cem. Conway Rd.
18. (a) Signature of funeral director Schrader Funeral Home
(b) Address Ballwin, Mo.

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? _____

(a) 4-7-47 (b) Carl C. Shappert
(Date received local registrar) (Registrar's signature)

23. Signature Ch. Denny (M. D. or other) mid
Address Cress Coeur, Mo. Date signed 4-8-47

SEP 2 1997

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 Geo. Schradw

Licensed Embalmer No. 3066

P. O. Address Ballwin, 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.