

FILED DEC 22 1947

Registration District No. **318**

Primary Registration District No.

WRITE PLAINLY—USING 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..... **Route City Hospital - 3**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
(Specify whether 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. **3759 Laclede Ave.**
(If rural, give location)

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

3. (a) PRINT FULL NAME..... **Kannie Richards Yancy**

3. (b) If veteran, name war..... **No**

3. (c) Social Security No. **None**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec.** day **7**
year **1947** hour **3** minute **15** M.

4. Sex..... **Female**

5. Color or race..... **White**

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

6. (b) Name of husband or wife..... **Unknown**

6. (c) Age of husband or wife if alive..... **Unk.** years

7. Birth date of deceased..... **November 1 1881**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from..... 19..... to..... 19.....
that I last saw h..... alive on..... 19.....
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
66	1	6hr.min.

Immediate cause of death.....
Crown Occlusion
Crown Selection

Due to.....

Due to.....

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

9. Birthplace..... **McLeansboro Illinois**
(City, town, or county) (State or foreign country)

10. Usual occupation..... **Housewife**

PHYSICIAN

Major findings:
Of operations.....

Of autopsy.....

Underline the cause of which death should be charged statistically.

11. Industry or business.....

12. Name..... **William Richards**

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

14. Maiden name..... **Mary Agnes Lasater**

15. Birthplace..... **McLeansboro Illinois**
(City, town, or county) (State or foreign country)

16. (a) Informant..... **R.P. Yancy**

(b) Address..... **Poplar Bluff, Mo.**

17. (a) Burial..... (b) Date thereof..... **12-10-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... **Poplar Bluff, 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?..... (Specify type of place)

While at work?..... (Specify means of injury)

23. Signature..... **John F. Bredel** (Date received local registrar)
J. F. Bredel (Registrar's signature)
Address..... **By Coroner** Date signed..... **12/11/47**

18. (a) Signature of funeral director..... **Albert H. Hoppe**

(b) Address..... **4700 Washington Blvd.**

19. (a) **DEC 11 1947** (b) **J. F. Bredel**
(Date received local registrar) (Registrar's signature)

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 J. W. Wilkinson
Licensed Embalmer No. 3575

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.