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FILED FEB 9 1948

State File No. _____

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 980

1. PLACE OF DEATH:

(a) County St. Louis MO.
 (b) City or town St. Louis MO.
 (c) Name of hospital or institution St. Louis 101
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (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, give address)
 (d) Street No. 25 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME LOUIS YEARNEY
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____
 4. Spouse Married 5. Wife 6. (a) Single, widowed, married, divorced _____
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive 47 1888
 7. Birth date of deceased _____ (Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 23 year 1948 hour _____ minute _____ M.
 21. I hereby certify that I attended the deceased from Jan 19 _____ to Jan 19 _____
 that I last saw him _____ alive on _____, 19 _____
 and that death occurred on the date and hour stated above.

8. AGE: Years _____ Months _____ Days _____ If less than one day _____ hr. _____ min.
 9. Birthplace W. Va. (City, town or county) (State or foreign country)
 10. Usual occupation Writer
 11. Industry or business _____
 12. Name W. M. A.
 13. Birthplace _____ (City, town or county) (State or foreign country)
 14. Maiden name _____
 15. Birthplace _____ (City, town or county) (State or foreign country)
 16. (a) Informant Mrs. J. A. ...
 (b) Address 1304 State St.
 17. (a) Anatomical Board (b) Date thereof JAN 31 1948
 (c) Place: burial or cremation _____
 18. (a) Signature of funeral director ROWLAND
 (b) Address 1304 MANCHESTER
 19. (a) J. F. ... (Date received from registrar) (Registrar's signature)

Immediate cause of death _____ Duration _____
 Due to Lobar Pneumonia
 Due to W. M. A.
 Other conditions _____ (Include pregnancy within 3 months of death)
 Major findings: _____ Of operations 108
 Of autopsy _____
 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)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
 (Specify type of place) _____
 While at work _____ (e) Means of injury 2
 23. Signature W. M. A. (M. D. or other) _____
 Address 1304 Manchester Date signed 1/27/48

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

MOTHER FATHER

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..... *Ralph W Henson*

Licensed Embalmer No..... *3791*

P. O. Address..... *St. Louis, 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.