. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAR 15 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 7221

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 2307

1. PLACE OF DEATH:
(a) County
(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: Barnes Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution FIVE DAYS (Specify whether years, months or days)
In this community 45 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town Jennings Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 5507 Hamilton
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME GRACE EVA YELTON
3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex female
5. Color or race white
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Richard B. Yelton
6. (c) Age of husband or wife if alive ?
7. Birth date of deceased October 8th 1885 (Month) (Day) (Year)
8. AGE: Years 62 Months 4 Days 27 If less than one day hr. min.
9. Birthplace Princeton Indiana (City, town, or county) (State or foreign country)
10. Usual occupation Housework
11. Industry or business
MOTHER FATHER
12. Name James Davidson
13. Birthplace unknown (City, town, or country) (State or foreign country)
14. Maiden name unknown
15. Birthplace unknown (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Anna Roziewski
(b) Address 5507 Hamilton Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-8-48 (Month) (Day) (Year)
(c) Place: burial or cremation Lake Charles Cem.
18. (a) Signature of funeral director Hy. Leidner U. Co.
(b) Address 2223 St. Louis Ave.
19. (a) MAR 8 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH 5 day 1948 year hour 5/30 minute P.M.
21. I hereby certify that I attended the deceased from FEB. 29, 1948, to MARCH 5, 1948; that I last saw her alive on MARCH 5, 1948; and that death occurred on the date and hour stated above.

Duration

Immediate cause of death

Due to Renal failure

Due to Generalized arteriosclerosis involving Brain, heart, Kidneys

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy as above

PHYSICIAN

Underline the cause of 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

23. Signature F R Bradley (M. D. or other)
Address Barnes Hospital, Date signed

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 John P. Buckholz

Licensed Embalmer No. 1674

P. O. Address 2223 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.