

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

1. PLACE OF DEATH:
(a) County St. Louis Mo.
(b) City or town St. Louis Mo.
(c) Name of hospital or institution:
(d) Length of stay: In hospital or institution.

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County St. Louis
(c) City or town St. Louis
(d) Street No. 112 1/2 N. 6th St.
(e) Citizen of foreign country? (Yes or No)

3. (a) PRINT FULL NAME Yote Diamond
3. (b) If veteran, name war Unk.
3. (c) Social Security No. Unk.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 19th year 1948 hour 2:03 minute P. M.

4. Sex Male 5. Color White
6. (a) Single, widowed, married, divorced, Unknown
6. (b) Name of husband or wife Unknown
6. (c) Age of husband or wife if alive Unknown (abt. 1888) years

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

8. AGE: Years Abt. 60 Months _____ Days _____ If less than one day _____ hr. _____ min.

Immediate cause of death: Chronic Hypertrophic Endocarditis; Cirrhosis of the Liver;

9. Birthplace Unknown (City, town, or county) (State or foreign country)
10. Usual occupation Unknown

Duration _____
Other conditions (Include pregnancy within 3 months of death) _____

MOTHER FATHER { 12. Name Unknown
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace (City, town, or county) (State or foreign country)

Major findings: _____
Of operations _____
Of autopsy _____

16. (a) Informant Robt. H. Williams
(b) Address 633 Bompert
17. (a) Burial (b) Date thereof 7-26-48
(c) Place: burial or cremation Memorial Park Cemetery

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? _____

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Ave.
19. (a) JUL 27 1948 (b) J. J. Brueck
(Date received local Registrar) (Registrar's signature)

While at work? (Specify type of place) (c) Means of injury _____
23. Signature Arthur E. Taylor (M. D. or other) _____
Address _____ Date signed 7/26

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 *Ralph W. Henderson*

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.