

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAY 23 1949

State File No. **18231**
Registrar's No. **985**

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **6076**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bellefontaine		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bellefontaine	
c. LENGTH OF STAY (in this place) 35		d. STREET ADDRESS (If rural, give location) Conway & Schoettler Rds.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Conway & Schoettler Rds.			
3. NAME OF DECEASED (Type or Print) a. (First) Arthur b. (Middle) A. c. (Last) Yokel			4. DATE OF DEATH (Month) (Day) (Year) Apr. 21, 1949
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Aug. 21, 1913
9. AGE (In years last birthday) 35		10. KIND OF BUSINESS OR INDUSTRY Own farm	11. BIRTHPLACE (State or foreign country) Bellefontaine, Mo.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME August Yokel		13b. MOTHER'S MAIDEN NAME Lillie Hackmann	
14. NAME OF HUSBAND OR WIFE -----			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) World #2.		16. SOCIAL SECURITY NO. none	
17. INFORMANT'S SIGNATURE OR NAME Carl Yokel, Chesterfield, Mo.		ADDRESS -----	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gunshot wound of chest. ANTECEDENT CAUSES Deceased had previously attempted to take life by self-inflicted gunshot wound of chest from which he recovered. DUE TO (b) 164c DUE TO (c) 164c II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT (Specify) Suicide		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) home	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Chesterfield St. Louis Mo.			
21d. TIME OF INJURY 4 21 49 1:45pm		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? Self-inflicted gunshot wound.			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Ernest J. Willmann Coroner.		23b. ADDRESS Clayton, Mo.	
23c. DATE SIGNED 4/22/49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Apr. 24, 49	
24c. NAME OF CEMETERY OR CREMATORY St. John Ev.		24d. LOCATION (City, town, or county) (State) Bellefontaine, Mo.	
DATE REC'D BY LOCAL REG. 4-23-49		REGISTRAR'S SIGNATURE Ernest J. Willmann	
25. FUNERAL DIRECTOR'S SIGNATURE Schrader Funeral Home, Ballwin, Mo.		ADDRESS -----	

WRITE PLAINLY—USING 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed

Geo. Schrader

Licensed Embalmer No. _____

P. O. Address _____

*3066
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.