

S. No. 300
V. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **18864**
Registrar's No. **1357**

FILED JUN 13 1950

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **2066**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN Kirkwood 22 Mo		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirkwood 22	
d. FULL NAME OF HOSPITAL OR INSTITUTION 335 Edna Ave		d. STREET ADDRESS (If rural, give location) 403 George St	

3. NAME OF DECEASED (Type or Print) a. (First) George	b. (Middle)	c. (Last) Yahl	4. DATE OF DEATH (Month) (Day) (Year) May 26 1950
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower	8. DATE OF BIRTH 5/28 1874	9. AGE (In years last birthday) 75	IF UNDER 1 YEAR Months 11 Days 28	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) St. Marys Ohio	12. CITIZEN OF WHAT COUNTRY? US
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13a. FATHER'S NAME Nicholas Yahl	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Bernadine Yahl
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Wm Yahl 835 Edna Kirkwood, Mo
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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, asthenia, etc. - It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 3 mo. chr.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Rt. Lobar Pneumonia		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. - DUE TO (c) Cardio-renal - Vascular disease		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Mitral insufficiency			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 11/47	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Mar 2, 1950**, to **May 26, 1950**, that I last saw the deceased alive on **May 25, 1950**, and that death occurred at **10:45 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Charles H. Webster	23b. ADDRESS Graves No 52750	23c. DATE SIGNED May 27 1950
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 5/29/50	24c. NAME OF CEMETERY OR CREMATORY Wilhelmia Cem.	24d. LOCATION (City, town, or county) (State) Wilhelmia, Missouri
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DATE REC'D BY LOCAL REG. MAY 27 1950	REGISTRAR'S SIGNATURE Hubert R. Blanke	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Meyer-Pfizinger Kirkwood, Mo.
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(Licensed Embalmer's Signature on Reverse Side)

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

1957

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 John M. Meyer

Licensed Embalmer No. 3788

P. O. Address Kirkwood, 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.