

FILED JUL 19 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. 25501BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3066 Registrar's No. 1637

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>			
b. CITY OR TOWN <u>KIRKWOOD</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>Arnold</u>		d. STREET ADDRESS (If rural, give location) <u>FRANKLIN 0360</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Marine Hospital</u>				3. NAME OF DECEASED a. (First) <u>Robert</u> b. (Middle) <u>E.</u> c. (Last) <u>Yaeger</u>			
4. DATE OF DEATH <u>July 4, 1950</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	
8. DATE OF BIRTH <u>Sept. 1, 1939</u>		9. AGE (In years last birthday) <u>10</u>		IF UNDER 1 YEAR <u>10</u> Months <u>3</u> Days		IF UNDER 24 HRS. <u>0</u> Hours <u>0</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>schoolboy</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Robert E. Yaeger</u>		13b. MOTHER'S MAIDEN NAME <u>Clara Bell Smiley</u>		14. NAME OF HUSBAND OR WIFE -----			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Robert E. Yaeger</u> 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) <u>Skull fracture</u> INTERVAL BETWEEN ONSET AND DEATH <u>1 hr.</u> ANTECEDENT CAUSES DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Fr &amp; 16b</u> <u>26</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Skull fracture 400</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway</u>		21c. (CITY, TOWN, OR TOWNSHIP) <u>Highway 61</u> (COUNTY) <u>Mo</u> (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>July 3 1950 11:30 a.m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Auto. collided with tractor trailer truck Automobile accident</u>			
22. I hereby certify that I attended the deceased from <u>July 4, 1950</u> to <u>July 4, 1950</u> , that I last saw the deceased alive on <u>July 4, 1950</u> , and that death occurred at <u>12:10 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Lloyd S. Roluf</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>2. Marine Hospital 523 Couch Ave., Kirkwood Mo</u>		23c. DATE SIGNED <u>July 5, 1950</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 8, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>7-5-50</u>		REGISTRAR'S SIGNATURE <u>Robert E. Yaeger</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter General Home Inc.</u> ADDRESS <u>2906 Gravois</u>			

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

(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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....  
Student Embalmer

Signed *Leo J. Budd*.....

Licensed Embalmer No. *3989*

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.