

No. 300  
10.48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

39960

State File No. 10893

DEC 15 1951

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 10893

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri. b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.,		c. LENGTH OF STAY (in this place) 1 Day.	
d. FULL NAME OF HOSPITAL OR INSTITUTION BARNES HOSPITAL		d. STREET ADDRESS (If rural, give location) #521 Rosedale Avenue,	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) HUGH	b. (Middle) DARBY	c. (Last) YATES.	(Month) 12-7-	(Day) 51.	(Year)
5. SEX Male. 0	6. COLOR OR RACE White.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single.. U	8. DATE OF BIRTH May 8, 1886.	9. AGE (in years last birthday) 65.	IF UNDER 1 YEAR Months 6. Days 29.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Book Store Owner,		10b. KIND OF BUSINESS OR INDUSTRY Yates Book Co.,		11. BIRTHPLACE (State or foreign country) Owensville, Indiana. /	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME Henry Clay Yates.		13b. MOTHER'S MAIDEN NAME Lena Stone.		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) no.		16. SOCIAL SECURITY NO. no.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Alice C. Yates, 521 Rosedale Avenue,	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lobar Pneumonia- Left Lower Lobe.						2 Days.		
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.			II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 490X			

22. I hereby certify that I attended the deceased from 12-7, 1951, to 12-7, 1951, that I last saw the deceased alive on 12-7, 1951, and that death occurred at 11:35pm., from the causes and on the date stated above.

23a. SIGNATURE W. P. Knowlton MD		(Degree or title)		23b. ADDRESS BARNES HOSPITAL		23c. DATE SIGNED 12-8-51.	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 12/10/51.		24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery..		24d. LOCATION (City, town, or county) (State) 7800 St. Charles Road,	

DATE REC'D BY LOCAL REG. DEC 10 1951		REGISTRAR'S SIGNATURE Earl Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C. R. Lupton & Sons, 7233 Delmar Blv'd.,			
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(Licensed Embalmer's Statement on Reverse Side)

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.....

*Arnold W. Schoene*

Licensed Embalmer No. ....

*3864*

P. O. Address.....

*St. Louis, Mo.*

Notes: 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.