

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43456

State File No. 111173

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 111173

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri		b. COUNTY 2039	
b. CITY OR TOWN St. Louis		c. CITY OR TOWN St. Louis		d. STREET ADDRESS (If rural, give location) 6061 Odell	
d. FULL NAME OF HOSPITAL OR INSTITUTION. 6061 Odell					

3. NAME OF DECEASED (Type or Print) a. (First) Myrla			b. (Middle) L.		c. (Last) Yetter		4. DATE OF DEATH (Month) (Day) (Year) Dec 15, 1951				
5. SEX Female	6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Aug 30, 1900		9. AGE (In years last birthday) 51	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) Cashier			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) Liberty West Virginia			12. CITIZEN OF WHAT COUNTRY? U.S.		

13a. FATHER'S NAME Preston Lewis		13b. MOTHER'S MAIDEN NAME Belle Lovejoy		14. NAME OF HUSBAND OR WIFE Frank E. Yetter			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. Unk		17. INFORMANT'S SIGNATURE OR NAME Frank Yetter		ADDRESS 6061 Odell	

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)		for advance cause of						Sign	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES		DUE TO (b)		morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		6 mo	
				DUE TO (c)					
		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 type="checkbox"/> NO <input checked="" 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) (Min)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 171X			

22. I hereby certify that I attended the deceased from Jan 18, 1951, to Dec 15, 1951, that I last saw the deceased alive on Dec 15, 1951, and that death occurred at 12:30P m., from the causes and on the date stated above.

23a. SIGNATURE W. J. Verdu M.D. (Deceased or title)		23b. ADDRESS 4500 Olive St		23c. DATE SIGNED 12-15-51	
24a. BURIAL, CREMATION, REMOVAL, etc. 12-17-51		24c. NAME OF CEMETERY OR CREMATORY Fordyce Ark		24d. LOCATION (City, town, or county) (State)	

DATE REC'D BY LOCAL REG. DEC 17 1951		REGISTRAR'S SIGNATURE J. Carl Smith No 14		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe 4700 Washington	
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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 Robert M. Murray

Licensed Embalmer No. 3749

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.