

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED OCT 23 1953

State File No. 37728

BIRTH NO.

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 9826

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		c. LENGTH OF STAY (in this place)	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 2309 Shenandoah Ave.		c. CITY OR TOWN St. Louis d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS (If rural, give location) 23 2309 Shenandoah Ave.		2789 0	
3. NAME OF DECEASED (Type or Print) Clara Mae Yarbrough		4. DATE OF DEATH (Month) (Day) (Year) October 12, 1953	
5. SEX Female		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH December 14, 1896	
9. AGE (In years last birthday) 56		10. MONTH (Day) (Year) 9 28	
11. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) At home		12. KIND OF BUSINESS OR INDUSTRY	
13a. FATHER'S NAME Dudley Ritchey		13b. MOTHER'S MAIDEN NAME Etta Robinson	
14. NAME OF HUSBAND OR WIFE Elmer O. Yarbrough		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Elmer O. Yarbrough 2309 Shenandoah Ave.	
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) cerebral thrombosis, recurrent ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Coronary thrombosis, old	
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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? 332X		22. I hereby certify that I attended the deceased from <u>Phys</u> , 1952, to Oct 12, 1952, that I last saw the deceased alive on Oct 12, 1952, and that death occurred at 10 <u>5</u> m., from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) Hugh C. Council, M.D.		23b. ADDRESS 8818 Shawis Avenue	
23c. DATE SIGNED Oct 14, 1953		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 10/15/53		24c. NAME OF CEMETERY OR CREMATORY Laurel Hill Memorial Garden St. Louis County, Mo.	
24d. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS John H. Gebken Sons 2630 Gravois Ave.	
DATE REC'D BY LOCAL REG. OCT 14 1953		REGISTRAR'S SIGNATURE J. C. Smith	

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.....
Signature of Student Embalmer

Signed..... *Robert F. Gebb*

Licensed Embalmer No. 4144

P. O. Address 2630 Gravois AV

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.