

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39387

FILED NOV 22 1954

State File No. _____

1003

Registrar's No. 9908

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. _____		State File No. _____	
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 OR TOWN St. Louis, Mo.)		c. LENGTH OF STAY (in this place) _____		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"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: 6160 So. Grand				e. STREET ADDRESS (If rural, give location) 6160 So. Grand			
3. NAME OF DECEASED (Type or Print) a. (First) Ruth b. (Middle) B c. (Last) Yost			4. DATE OF DEATH (Month) (Day) (Year) Oct. 30, 1954				
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH May 21, 1903		9. AGE (In years last birthday) 51	F UNDER 1 YEAR Months _____ Days _____	F UNDER 100 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10b. KIND OF BUSINESS OR INDUSTRY none		11. BIRTHPLACE (City and State or Foreign Country) Illinois		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Clinton Brewer		13b. MOTHER'S MAIDEN NAME unk		14. NAME OF HUSBAND OR WIFE. John T. Yost			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME ADDRESS John T. Yost 6160 So. Grand			
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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized Carcinomatosis ANTECEDENT CAUSES For advanced Scirrhous adenocarcinoma of breast Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) adenocarcinoma of breast DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH: 4 months	
19a. DATE OF OPERATION 2/4/54	19b. MAJOR FINDINGS OF OPERATION scirrhous adenocarcinoma of breast with axillary metastasis					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) _____		
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 170X					
22. I hereby certify that I attended the deceased from 1/28, 1954 , to 10/29, 1954 , that I last saw the deceased alive on 10/29, 1954 , and that death occurred at 7:30 p. m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Robert H. Cason, M.D.				23b. ADDRESS 3606 Spruce		23c. DATE SIGNED 11/11/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal-car		24b. DATE 11/2/54	24c. NAME OF CEMETERY OR CREMATORY _____		24d. LOCATION (City, town, or county) (State) Shelbina, Missouri		
DATE REC'D BY LOCAL REG. NOV 1 1954		REGISTRAR'S SIGNATURE Charles Smith, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Southern Funeral Home 6322 So. Grand			

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 *James J. Weyland Jr.*.....
Licensed Embalmer No. 4519

P. O. Address 6322 So 2

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.