

FILED JAN 27 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 44204

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 2881

1. PLACE OF DEATH a. COUNTY <i>St. Louis</i>		2. USUAL RESIDENCE (Where deceased lived. If institution of residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>St. Louis</i>	
b. CITY OR TOWN <i>Clayton</i>		c. CITY OR TOWN <i>Jennings</i>	
c. LENGTH OF STAY (in this place) <i>5 days</i>		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 <i>St. Louis County Hosp</i>		STREET ADDRESS (If rural, give location) <i>2520 M Laran Ave.</i>	

3. NAME OF DECEASED (Type or Print) <i>John Yollmer</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>12-14-54</i>		
a. (First)	b. (Middle)	c. (Last)	Month	Day	Year

5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Never married</i>	8. DATE OF BIRTH <i>April 28 1869</i>	9. AGE (In years last birthday) <i>85</i>	IF UNDER 1 YEAR Months <i>7</i> Days <i>16</i>	IF UNDER 2 HRS. Hours <i></i> Min. <i></i>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>R.R. employe</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>R.R.</i>	11. BIRTHPLACE (City and State or Foreign Country) <i>unknown - U.S.A.</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
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13a. FATHER'S NAME <i>unknown</i>	13b. MOTHER'S MAIDEN NAME <i>unknown</i>	14. NAME OF HUSBAND OR WIFE <i>NONE</i>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>	16. SOCIAL SECURITY NO. <i>496-28-573</i>	17. INFORMANT'S SIGNATURE OR NAME <i>Anna Brown</i>	ADDRESS <i>3696 Pine Grove</i>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cerebral Hemorrhage</i>		INTERVAL BETWEEN ONSET AND DEATH <i>recis</i>
	ANTECEDENT CAUSES		
	MORBID CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last.		
DUE TO (b) <i>Femoral Head Prothesis, left, (Opn)</i>		<i>1 day</i>	
DUE TO (c) <i>Sub-Capital Fr. left Femur</i>		<i>4 days</i>	
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 <i>Sub-Capital Fracture left femur</i>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <i>Accident</i>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>Nursing Home</i>	21c. (CITY, TOWN, OR TOWNSHIP) <i>Jennings</i> (COUNTY) <i>St. Louis</i> (STATE) <i>Mo.</i>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <i>12-9-54 12:00</i>	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <i>Stumbled on the stairs.</i>

22. I hereby certify that I attended the deceased from *12-9*, 1954, to *12-14*, 1954, that I last saw the deceased alive on *12-14*, 1954, and that death occurred at *6:25 a.m.*, from the causes and on the date stated above.

23a. SIGNATURE <i>Coapt. Dr. M.D.</i>	23b. ADDRESS <i>601 S Brentwood</i>	23c. DATE SIGNED <i>12-14-54</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>12/16/54</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Missouri Park Cemetery</i>	24d. LOCATION (City, town, or county) (State) <i>St. Louis Mo.</i>
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DATE REC'D BY LOCAL REG. <i>12-14-54</i>	REGISTRAR'S SIGNATURE <i>Herbert R. Domb</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Bill Campbell</i>	ADDRESS <i>15165</i>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300
10-48

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OCT 6 1964

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 *Ray E. Campbell*.....

Licensed Embalmer No. 388

P. O. Address

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.