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FILED MAR 7 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **6635**
Registrar's No. **1612**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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) **St. Louis** c. LENGTH OF STAY (in this place) **3 Days**
c. CITY OR TOWN **St. Louis, Mo** d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION **St. Louis City Hosp.** STREET ADDRESS (If rural, give location) **227 1618 Hickory**

3. NAME OF DECEASED a. (First) **ADA** b. (Middle) _____ c. (Last) **YATES** 4. DATE OF DEATH (Month) (Day) (Year) **FEB. 17 1955**

5. SEX **Female** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married** 8. DATE OF BIRTH **7-16-1888** 9. AGE (In years last birthday) **66** IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS.: Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Housewife** 10b. KIND OF BUSINESS OR INDUSTRY **None** 11. BIRTHPLACE (City and State or Foreign Country) **Armington, Missouri** 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **Jame Dunbar** 13b. MOTHER'S MAIDEN NAME **Alice Groves** 14. NAME OF HUSBAND OR WIFE **Everette**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) **NO** (If yes, give war or dates of service) _____ 16. SOCIAL SECURITY NO. **None** 17. INFORMANT'S SIGNATURE OR NAME **Genevieve Vancil** ADDRESS **1618 Hickory**

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, assthenia, etc. It means the disease, injury, or complication which caused death.
MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Posterior Myocardial Infarction**
ANTECEDENT CAUSES
DUE TO (b) **Generalized Arteriosclerosis**
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (c) **Arterio Sclerotic Heart Disease**
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. **Chronic cholecystitis with cholelithiasis**

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? **4200**

22. I hereby certify that I attended the deceased from **2-14-55**, 19____, to **2-17-55**, 19____, that I last saw the deceased alive on **2-17-55**, 19____, and that death occurred at **12:50 P.** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Richard J. Dames MD** 23b. ADDRESS **1515 LAFAYETTE** 23c. DATE SIGNED **2-18-55**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **2-21-1955** 24c. NAME OF CEMETERY OR CREMATORY **St. Matthew's Cemetery** 24d. LOCATION (City, town, or county) (State) **St. Louis, Missouri**

DATE REC'D BY LOCAL REG. **FEB 21 1955** REGISTRAR'S SIGNATURE **J. Carl Smith MD** 25. FUNERAL DIRECTOR'S SIGNATURE **McLaughlin F.H., Inc.** ADDRESS **2301 Lafayette**

(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.....
Signature of Student Embalmer

Signed..... *James R. Chapman*.....
Licensed Embalmer No. *43*
P. O. Address..... *St. Louis*.....

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.