

FILED FEB 7 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3120**
Registrar's No. **556**

REG. DIST. NO. **318**

PRIMARY REG. DIST. NO. **1003**

BIRTH NO. _____

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE Missouri b. COUNTY St. Louis			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN Carsonville 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 DOA Mo. Baptist Hosp.			e. STREET ADDRESS (If rural, give location) 7929 Cler place		

3. NAME OF DECEASED (Type or Print) RONALD			a. (First) O.		b. (Middle) YAHNKE		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) 1-15-56		
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5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH 8-23-1912		9. AGE (In years last birthday) 43		IF UNDER 1 YEAR Months Days Hours Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) embalmer			10b. KIND OF BUSINESS OR INDUSTRY funeral			11. BIRTHPLACE (City and State or Foreign Country) What Cheer, Iowa			12. CITIZEN OF WHAT COUNTRY? USA		
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13a. FATHER'S NAME Louis G. Yahnke			13b. MOTHER'S MAIDEN NAME Hattie Aldinger			14. NAME OF HUSBAND OR WIFE Alene Yahnke		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 499-01-5410		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Alene Yahnke, 7929 Cler place			
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) old coronary sclerosis DUE TO (c) arteriosclerosis						INTERVAL BETWEEN ONSET AND DEATH 2 hrs	
		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"/>	
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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) 420.1	
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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?	
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22. I hereby certify that I attended the deceased from **Mar 3**, 19**52**, to **1-15**, 19**56**, that I last saw the deceased alive on **Jan 6**, 19**56**, and that death occurred at **1A** m., from the causes and on the date stated above.

23a. SIGNATURE W. J. Uerdum M.D. (Degree or title)		23b. ADDRESS 4500 Olive St		23c. DATE SIGNED 1-16-56	
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24a. BURIAL, CREMATION, REMOVAL (Specify) removal		24b. DATE 1-17-56		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) What Cheer, Iowa	
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DATE REC'D BY LOCAL REG. JAN 17 1956		REGISTRAR'S SIGNATURE J. Earl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Rowland-Aker, 4104 Manchester ave.	
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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.....
Bert H. Jones

Licensed Embalmer No. 436

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.