

FILED SEP 26 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34346**
Registrar's No. **8709**

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 OR TOWN St. Louis		c. CITY OR TOWN St. Louis		d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>				
d. FULL NAME OF HOSPITAL OR INSTITUTION 19 People's Hospital		STREET ADDRESS (If rural, give location) 5510 5555 Etzel						
3. NAME OF DECEASED (Type or Print) a. (First) Walter b. (Middle) W. c. (Last) Yerby			4. DATE OF DEATH (Month) (Day) (Year) Sept. 15, 1957					
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH March 15, 1890	9. AGE (In years last birthday) 67	10. MONTHS 6	11. DAYS 0	12. HOURS 0	13. MIN. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Physician		10b. KIND OF BUSINESS OR INDUSTRY Medicine		11. BIRTHPLACE (City and State or Foreign Country) / Brunswick, Tennessee		12. COUNTRY OF WHAT COUNTRY? U. S. A.		
13a. FATHER'S NAME David Yerby		13b. MOTHER'S MAIDEN NAME Henrietta Whitlock		14. NAME OF HUSBAND OR WIFE Deceased				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME David Yerby		ADDRESS 5555 Etzel		

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH Unknown	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CARCINOMA OF STOMACH, with Liver, Spleen and Pleural Metastases		ANTECEDENT CAUSES DUE TO (b) _____ DUE TO (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.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 1512					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> 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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **August 28, 1957**, to **September 15, 1957**, that I last saw the deceased alive on **Sept. 15, 1957**, and that death occurred at **2:00 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Chas. P. Lorde M.D.		23b. ADDRESS 2746a Franklin Ave.		23c. DATE SIGNED 9-16-57	
24a. BURIAL, CREMATION, REMOVAL (Specify) Shipped		24b. DATE 9/18/57		24c. NAME OF CEMETERY OR CREMATORY Memphis, Tennessee	

DATE REC'D BY LOCAL REG. SEP 17 57		REGISTRAR'S SIGNATURE Paul Smith		25. FUNERAL DIRECTOR'S SIGNATURE W. B. Koonce		ADDRESS 1221 N. Grand Blvd	
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(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 *Clarence Green*

Licensed Embalmer No. *475*

P. O. Address *1221 N. St.*

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.