

STANDARD CERTIFICATE OF DEATH

58-042599

STATE FILE NUMBER

79282-58
FILED NOV 17 1958

Registration District No. 312 Primary Registration District No. 54

Registrar's No. 2761

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Clayton</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Robertson, Mo. 4000</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Louis County Hosp. Thomas M. N.</u>		Length of stay in lb <u>Thurs M. N.</u>	d. STREET ADDRESS (If outside, give location) <u>Fee Fee Rd.</u>
3. NAME OF DECEASED First Middle Last <u>Baby Girl Yaber</u>			4. DATE OF DEATH Month Day Year <u>10-11-1958</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>3 Col.</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>10-11-58</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NONE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>	9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days Hours Min. <u>7 15</u>
11. BIRTHPLACE (City and state or country) <u>Clayton, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Willie Yaber</u>		13b. MOTHER'S MAIDEN NAME <u>Ceale</u>	14. NAME OF HUSBAND OR WIFE <u>NONE</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT Address <u>St. Louis County Hosp - Clayton, Mo.</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>ANOXIA</u> DUE TO (b) <u>PREMATURITY</u> DUE TO (c) <u>762.5</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>10-11-1958</u> to <u>10-11-1958</u> and last saw her/him alive on <u>10-11-1958</u> Death occurred at <u>7:45 A</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>W. B. Kelly</u> (Degree or title) <u>M. D.</u>		22b. ADDRESS <u>601 S. Brentwood, Clayton</u>	22c. DATE SIGNED <u>10-13-58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Crementation</u>	23b. DATE <u>10-28-58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Mo. Crematory</u>	23d. LOCATION (City, town, or County) (State) <u>St. Louis, Mo.</u>
24. FUNERAL DIRECTOR ADDRESS <u>County Hosp - Clayton, Mo.</u>		25. DATE REC'D. BY LOCAL REG. <u>10-28-58</u>	26. REGISTRAR'S SIGNATURE <u>Hubert B. Dombek MD</u>

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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

81.

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

Licensed Embalmer No.....

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.