

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-011547

STATE FILE NUMBER

1986

FILED MAR 17 1959 Registration District No. Primary Registration District No. Registrar's No.

300  
-57  
59  
6

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St. Louis, Mo.</i>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>St. Louis</i>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>St. Lukes Hospital 20 St.</i>		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) <i>5185 Vernon</i>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <i>Harry H. Yard</i>			4. DATE OF DEATH Month Day Year <i>Feb. 23 1959</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Jan. 5, 1885</i>	9. AGE (In years less birthday) <i>74</i>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Chauffeur Retired</i>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <i>St. Louis, Mo. 6</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>
13a. FATHER'S NAME <i>Frank A. Yard</i>		13b. MOTHER'S MAIDEN NAME <i>Josephine Wright</i>		14. NAME OF HUSBAND OR WIFE <i>Mabel Yard</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>NO</i>		16. SOCIAL SECURITY NO. <i>487-36-7174</i>	17. INFORMANT <i>Harrison Yard</i>	Address <i>Wayne, Mich.</i>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Carcinoma of lung</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <i>163x</i> DUE TO (c) 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 <i>3 mos</i>	
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 a.m. p.m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT 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 <i>Jan 30 59</i> to <i>Feb 23 59</i> and last saw him alive on <i>2/22/59</i> Death occurred at <i>6 A.M. / 6</i> A.M. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>Paul O. Hagemann M.D.</i>		22b. ADDRESS <i>3770 Washington</i>		22c. DATE SIGNED <i>2/25/59</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>2/26/59</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Valhalla</i>	23d. LOCATION (City, town, or county) (State) <i>St. Louis Co. Mo.</i>		
24. FUNERAL DIRECTOR <i>John Stygar and Son</i>		ADDRESS <i>1 5541 Riverview</i>	25. DATE RECD. BY LOCAL REG. <i>FEB 25 '59</i>	26. REGISTRAR'S SIGNATURE <i>Earl Smith, M.D.</i>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *J. M. Riste* .....

Licensed Embalmer No. *3980* .....

P. O. Address *St. Louis, Mo.* .....

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.