MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

22635

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 6283

City St. Louis (No. 4051 W. Belle St. ..... Ward)

2. FULL NAME Mordecai Yeizer

(a) Residence. No. 4051 W. Belle St., 11 Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: Negro
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Daisy Yeizer

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 2-22-1877

7. AGE: Years 50, Months 4, Days 14. If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Barber
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) ..... (STATE OR COUNTRY) Ky.

PARENTS

10. NAME OF FATHER: Edward Yeizer
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Ky.
12. MAIDEN NAME OF MOTHER: Eugia Mordecai
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Ky.

14. INFORMANT: Daisy Yeizer
(Address) 4051 W. Belle

15. FILED 11-3 1927 Max C. Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 7-5-1927

17. I HEREBY CERTIFY, That I attended deceased from June 30, 1927, to July 5, 1927, that I last saw him alive on July 5, 1927, and that death occurred, on the date stated above, at 2 P. 00 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myocarditis Chronic

(duration) ..... yrs. ..... mos. 6 ds.

CONTRIBUTORY (SECONDARY): Rheumatism Chronic

(duration) (?) yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) W. P. Curtis, M. D.
7-8, 1927 (Address) 618 N. Jefferson

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Greenwood
DATE OF BURIAL: 7-9-1927

20. UNDERTAKER: C. J. Gate
ADDRESS: 4107 Finney

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.