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

Do not use this space.

12904

**1. PLACE OF DEATH**

County ..... Registration District No. 791 File No. 8454

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

City St, Louis Mo. (No. ..... St. ..... Ward)

**2. FULL NAME** William Euston Yeager.

(a) Residence. No. 4619 Natural Bridge Ave. 7 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 | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word) |
|---|---|---|
| Male | White. | Infant. |

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1/19/1926.

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 3 | 1 | 29 | |

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Infant.

(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) St, Louis Mo.

PARENTS

10. NAME OF FATHER Elmer F.L.Yeager.

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) St, Louis Mo.

12. MAIDEN NAME OF MOTHER Virginia Ellen Bright. , 19

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) St, Louis Mo.

14. INFORMANT E. F. L. Yeager.
(Address) 4619 Nat Bridge Rd.

15. FILED 19, 19 Max C Starkey REGISTRAR

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**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3/18/29 19

17. I HEREBY CERTIFY, That I attended deceased from March 18, 1929, to March 18, 1929 that I last saw him alive on March 18, 1929, and that death occurred, on the date stated above, at 10-45 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Meningitis Simple
89A Convulsions
79A
8A (duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (SECONDARY) Otitis Media
(duration) ..... yrs. ..... mos. 5 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH .....

DID AN OPERATION PRECEDE DEATH? no DATE OF .....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) M E Jones, M. D.

(Address) Lister Bldg

*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 Valhalla Cemetery.

DATE OF BURIAL 3/21/29 19

20. UNDERTAKER Provost Und Co

ADDRESS 3710 N. Grand.

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.

Jel