

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

Do not use this space.

27958

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 101B
City St. Louis Mo (No. 1951 Montgomery St) St. Ward)

File No.
Registered No. 7839
St. Ward)

2. FULL NAME Charles E. Yerger

(a) Residence, No. 1951 Montgomery St., 26 Ward. (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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Hattie Yerger
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 15 - 1875
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
57 3 11

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Confectionery Store
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. no
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN)..... Mo. (STATE OR COUNTRY) 1

13. NAME Frank Yerger

14. BIRTHPLACE (CITY OR TOWN)..... Mo. (STATE OR COUNTRY)

15. MAIDEN NAME Not known

16. BIRTHPLACE (CITY OR TOWN)..... Mo. (STATE OR COUNTRY)

17. INFORMANT Hattie Yerger (ADDRESS) 1951 Montgomery St

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE Aug 30 1932

19. UNDERTAKER Hy Leidner Undertaker (ADDRESS) 1417 St. Mark St

20. FILED AUG 28 1932 W. C. Stanley Registrar

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 26, 1932
22. I HEREBY CERTIFY, That I attended deceased from 8/22/32, 1932 to 8/26/32, 1932
I last saw him alive on 8/24/32, 1932. Death is said to have occurred on the date stated above, at 6:45 P.m.

The principal cause of death and related causes of importance were as follows:
Ac. Cardiac dilatation Date of onset 930
11:20 11:30
11:30 11:30
Other contributory causes of importance:
Ch. myocarditis
Branchial asthma

Name of operation..... Date of.....
(What test confirmed diagnosis?..... Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 19.....
Where did injury occur?..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No.
If so, specify.....
(Signed) W. F. Nelson, M. D.
(Address) 3150 Grand

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

11. 2. 1881