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.

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

Do not use this space.
33947

File No. 9281
Registered No.
Ward)

1. PLACE OF DEATH

County
Township
City St. Louis (No. 4153 West Florissant Ave. St. Ward)
Registration District No.
Primary Registration District No.

2. FULL NAME Samuel C. Yeck

(a) Residence, No. 4153 West Florissant Ave. Ward. 9
(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: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 3 1876

7. AGE: Years 56 | Months 7 | Days 14 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Physician
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 213
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Woburn Mass.

FATHER
13. NAME Rev. Johnathan Yeck
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

MOTHER
15. MAIDEN NAME Susanna Smith
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Jersey

17. INFORMANT (ADDRESS) Mrs. Florence Yeck 4153 West Florissant Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bellefontaine DATE Oct. 20 1932

19. UNDERTAKER (ADDRESS) Walk Hermann & Son 3161 Gravois Ave.

20. FILED OCT 19 1932 Ray Cotton M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 17, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 20, 1932, to Oct 18, 1932
I last saw him alive on Oct 17, 1932. Death is said to have occurred on the date stated above, at 12:00 M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac failure	10/16/32
Pulmonary Edema	
Other contributory causes of importance:	
Carcinoma of Liver	2 yrs ?

Name of operation Date
What test confirmed diagnosis? Physical Exam. 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) Robt C. McClure, M. D.
(Address) 4356 Maine Ave