

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.

DEC 10 1935

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

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No. **1003**

Township.....

Primary Registration District No.....

City **St. Louis 3** (No. **Alaxian Bros Hospt**)

38056

File No.....

Registered No. **10071**

2. FULL NAME **Robert E. Yatter - also Yetter and Yutton**

(a) Residence, No. **5428** **Arlington Ave.** **7** 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 **Pauline Yatter**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **May-23-1867**

7. AGE YEARS **68** MONTHS **6** DAYS **6** If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Retired**

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Garson**

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) **Austria**

13. NAME **Morris Yatter**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Austria**

15. MAIDEN NAME **Unknown**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Austria**

17. INFORMANT (ADDRESS) **Mrs. Otto Weber 5428 Arlington Ave**

18. BURIAL, CREMATION, OR REMOVAL **PLM Bnai Amoanal DATE 12-1-1935**

19. UNDERTAKER (ADDRESS) **H. B. Berger 4715 McPherson Ave**

20. FILED **J. Bredack Registrar.**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Nov-29 1935**

22. I HEREBY CERTIFY, That I attended deceased from **Nov 2** to **Nov 29**

I last saw him alive on **Nov 29 1935** Death is said to have occurred on the date stated above, at **11:00** m.

The principal cause of death and related causes of importance were as follows:

Myelo leukemia, leukemia. Date of onset **1935**

Other contributory causes of importance: **53**

Malignancy with Bone metastasis (origin undetermined)

Name of operation..... Date of.....

What test confirmed diagnosis? **Sabert** Was there an autopsy?.....

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?..... If so, specify.....

(Signed) **E. P. Brady**, M. D. (Address) **Alphin Park**

