

JAN 10 1938

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

43605
Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **791**
(b) Township..... Primary Registration District No. **1003**
(c) City **Saint Louis,** (d) Street No. **4142a Easton Avenue** Registered No. **11855**
(e) Length of residence in city or town where death occurred **Unknown** yrs. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Lyod Yarbrough**

(a) Residence, No. **4142a Easton Avenue** St. **11**
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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, ~~WIFE OF~~ **HUSBAND OF** ~~WIFE OF~~ **Lillie Yarbrough**
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **April 15, 1865**
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
72 8 4
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Janitor**
9. Industry or business in which work was done, as saw mill, bank, etc. **2**
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) **Louisville** (STATE OR COUNTRY) **Mississippi**

13. NAME **Daniel Yarbrough**

14. BIRTHPLACE (CITY OR TOWN) **Louisville** (STATE OR COUNTRY) **Mississippi**

15. MAIDEN NAME **Unavailable**

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

17. INFORMANT (ADDRESS) **Lillie Yarbrough**
4142a Easton Avenue

18. BURIAL, CREMATION, OR REMOVAL PLACE **Greenwood Cem.** DATE **12/24/37**

19. FUNERAL DIRECTOR (ADDRESS) **Charles J. Gales**
4107 Finney Avenue

20. FILE **DEC 24 1937** **J. G. Bredick**
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **December 19, 1937**
22. I HEREBY CERTIFY, That I attended deceased from **Dec 4th**, 19**37**, to **December 19, 1937**
I last saw him alive on **December 19, 1937** Death is said to have occurred on the date stated above, at **9:50 a.m.**
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage
arterial sclerosis and senility
Date of onset **12/4/37**

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) **Dr. J. McClellan**, M. D.
(Address) **4200a Easton Avenue**

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.

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STATEMENT BY LICENSED EMBALMER

I, James A. Johnson, Licensed Embalmer No. 3522

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Self

..... L. E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed James A. Johnson
Licensed Embalmer No. 3522

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)