

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

4885
Do not use this space.

1. PLACE OF DEATH **RECORDED 14 1938**
 (a) County St. Louis, Mo. Registration District No. **791**
 (b) Township Primary Registration District No. **1003**
 (c) City (d) Street No. St. John's Hospital Registered No. 1530
 (If death occurred in Hospital or Institution, write its name instead of street and number) St.
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Tellisphore S. Yelle **400**
 (a) Residence, No. 3527 Fair Ave. St. **10** (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

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 Clara

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 17, 1878

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>65</u>	<u>10</u>	<u>22</u>	

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Combustion Eng.

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

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation
 OCCUPATION

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 11, 1938

22. I HEREBY CERTIFY, That I attended deceased from 11/11, 1937, to 2/11, 1938
 I last saw him alive on 2/11, 1938 at 9 a.m. Death is said to have occurred on the date stated above, at 9 a.m.
 The principal cause of death and related causes of importance were as follows:
 Date of onset

Chronic Myocarditis
93E

Other contributory causes of importance:
depleted R. Kidney
no stones

Name of operation Nephropey Date of 11/3/37
 What test confirmed diagnosis? Was there an autopsy? Yes

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) Geo. S. Darter, M. D.
 (Address) Century Medz.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown **9**

FATHER 13. NAME Joseph H. Yelle

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown **9**

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT Lillian Bishop
 (ADDRESS) 3527 Fair Ave.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Calvary DATE Feb. 14, 1938

19. FUNERAL DIRECTOR Stroot Carroll Und. Co.
 (ADDRESS) 4600 Natural Bridge Ave.

20. FILED **FEB 12 1938** J. Bredeck
 Local Registrar.

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.

I X12604

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____
hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____
_____ L. E.
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.
Signed *J. H. Shost* _____
Licensed Embalmer No. *2260*

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.)