REC'D APR 8 1938

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

12020
Do not use this space.

1. PLACE OF DEATH
(a) County St. Louis — Registration District No. 784
96 (b) Township ~~Clayton~~ — Primary Registration District No. 101 — Registered No. 535
2 (c) City Clayton — (d) Street No. St. Louis County Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
2 (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 Yvonne May Hodapp 310
(a) Residence, No. 1113 Folger Ave. St.
(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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ----------

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 14, 1938

7. AGE — YEARS: 0 — MONTHS: 0 — DAYS: 8 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Infant
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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis County Mo. 0

FATHER
13. NAME Herman Hodapp 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis County Mo. 1

MOTHER
15. MAIDEN NAME Dorothy Lishcher
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Illinois

17. INFORMANT Herman Hodapp
(ADDRESS) 1113 Folger Ave., Kirkwood, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE New Athens, Ill. DATE March 23, 1938

19. FUNERAL DIRECTOR Jay B. Smith Funeral Home
(ADDRESS) 7456 Manchester Ave, Maplewood, Mo.

20. FILED 3-22 1938 T.R. Meyer M.D. Dep. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 22, 1938

22. I HEREBY CERTIFY, That I attended deceased from 3/14/38, 19.... to 3/22/38, 19....
I last saw her alive on 3/22/38, 19.... Death is said to have occurred on the date stated above, at 10:40 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature birth	3-14-38
Bronchopneumonia	3-19?

15¢

Other contributory causes of importance:

Name of operation ..... Date of .....
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? .....
If so, specify .....
(Signed) R. A. Pressbaum, M. D.
(Address) St Louis County Hospital

(Licensed Embalmer's Statement on Reverse Side)

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.

50M-7-0-37 I X12004

STATEMENT BY LICENSED EMBALMER

I, Howard G. Rowland, Licensed Embalmer No. 3114

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

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed Howard G. Rowland

Licensed Embalmer No. 3114

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.)