

REC'D MAY 10 1938

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

13311
Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **791**
(b) Township..... Primary Registration District No. **1003**
(c) City **St. Louis** (d) Street No. **City Hospital No. 1** Registered No. **3915**
(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.
D. 976

2. PRINT FULL NAME

Ruby Yeargain 625
(a) Residence, No. **2816 Locust** St. **21** (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 **female** 4. COLOR OR RACE **white** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (writing the word) **single**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Nov 2, 1937**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
0 P 5 24

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. **nil**
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, Missouri**13. NAME **Roy Yeargain**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Missouri**15. MAIDEN NAME **Finstina Overall**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Missouri**17. INFORMANT **Hosp. Ist fo M. Kent** (ADDRESS)18. BURIAL, CREMATION, OR REMOVAL PLACE **Paragould, Ark.** DATE **April, 27** 19 **38**19. FUNERAL DIRECTOR (NAME) **Wacker-Helderle** (ADDRESS) **2331 S. Broadway**20. FILED **APR 27 1938****J. P. Biedeck**
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **4/26/38** 1922. I HEREBY CERTIFY, That I attended deceased from **4/20/38** 19 to **4/26/38** 19I last saw her alive on **4/26/38** 19. Death is said to have occurred on the date stated above, at **2.45 P.**

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

*Broncho-pneumonia
Septicemia, Pneumonia
cocci XIX*

Date of onset

**1938
19.38**

Other contributory causes of importance:

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) **J. W. Burnett**, M. D.(Address) **City Hospital No. 1**

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

Robert C. Wheeler

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

Robert C. Wheeler

Licensed Embalmer No.....

2178

P. O. Address.....

St. Louis mo

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.)

If this body is not embalmed, above space should be left blank.