

REC'D JUN 9 1938

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

16748
Do not use this space.

1. PLACE OF DEATH St. Louis Maternity Hospital
 (a) County Registration District No.
 (b) Township Primary Registration District No. Registered No. 4609
 (c) City St. Louis, Mo. (d) Street No. St. Louis Maternity Hospital St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (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 Yates, Infant No.
 (a) Residence, No. 7614 Springdale Drive Normandy NR (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Undetermined
 4. COLOR OR RACE White
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 9, 1938
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
20 weeks gestation
 OCCUPATION
 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.
 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, Mo.
 FATHER
 13. NAME Yates, Ballard Alton
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Williamsport, Ohio
 MOTHER
 15. MAIDEN NAME Evans, Vandora
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sidney, Ohio
 17. INFORMANT (ADDRESS) Ballard Alton Yates Normandy, Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE DATE Washington, Mo. MAY 20, 1938
 19. FUNERAL DIRECTOR (ADDRESS) Dept. of Pathology Washington, Mo.
 20. FILED MAY 20 1938 J. F. Brubaker Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 9 1938
 22. I HEREBY CERTIFY, That I attended deceased from, 19....., to, 19.....
 I last saw h..... alive on..... 19..... Death is said to have occurred on the date stated above, at 11:50 m.
 The principal cause of death and related causes of importance were as follows:
Missed abortion
20 weeks gestation
cause unknown
 Date of onset
 Other contributory causes of importance
none
 Name of operation..... Date of.....
 What test confirmed diagnosis?..... 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 of injury in any way related to occupation of deceased? No
 If so, specify.....
 (Signed) H. H. Reynolds M. D.
 (Address) 3720 Washington

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,, 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

Licensed Embalmer No.

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.)