

AUG 11 1939 **791**

Registration District No. **1003**

Primary Registration District No. _____

Registrar's No. **6685**

1. PLACE OF DEATH: **1003**
 (a) County _____
 (b) City or town St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 4981a Columbia Ave.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community 31 Yrs.
 years, months or days)

8. (a) PRINT FULL NAME Amelia Yeager **260**
 3. (b) If veteran, name war None
 3. (c) Social Security No. None

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife George Yeager
 6. (c) Age of husband or wife if alive 80 years
 7. Birth date of deceased Oct. 24 **1863**
 (Month) (Day) (Year)

8. AGE: Years 75 Months 9 Days 6
 If less than one day hr. _____ min. _____

9. Birthplace Keokuk Iowa
 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Unknown Maedel

13. Birthplace Germany
 (City, town, or county) (State or foreign country)

14. Maiden name Katherine Moore

15. Birthplace Germany
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature George Yeager

(b) Address 4981a Columbia Ave.

17. (a) Burial (b) Date thereof Aug. 2, 1939
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Kriegshauser Mortuaries
 (b) Address 4228 So. Kingshighway

19. (a) JUL 31 1939 (b) J. D. [Signature]
 (Date received local registrar) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:
 Missouri
 (a) State Missouri (b) County _____
 (c) City or town St. Louis **13**
 (If outside city or town limits, write "RURAL")
 (d) Street No. 4981a Columbia Ave.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 30th
 year 1939 hour 9:30 minute P.M.
 21. I hereby certify that I attended the deceased from July 10
 1939 to July 30 1939
 that I last saw her alive on July 29 1939
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage **3 WKS**
 Duration

Due to Arterio-sclerosis

Due to _____

Other conditions _____
 (Include pregnancy within 3 months of death)

Major findings: _____
 Of operations _____

Of autopsy _____
 Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

(Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature H. D. Yeager (M. D. or other) **2100**

Address 1109 Chouteau Date signed July 31

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.

DO NOT WRITE IN THESE SPACES—MAKE A PERMANENT RECORD

Dr. Frazier
1109a Charleston Ave

12-3

Nov. 3 69 E

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, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Edwin M. Bennett
.....
Licensed Embalmer No. 3024
P. O. Address.....

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.