DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31322

REC'D OCT 14 1939

Registration District No. 791

Primary Registration District No.

Registrar's No. 8385

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: Park Lane Memorial Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 DAYS (Specify whether years, months or days)

In this community 22 YEARS

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County

(c) City or town St. Louis. (If outside city or town limits, write "RURAL") 5

(d) Street No. 324 Laurel Ave. (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Mary Yeager.

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced WIDOW

6. (b) Name of husband or wife JOHN

6. (c) Age of husband or wife if alive years

7. Birth date of deceased February (Month) 22, (Day) 1868. (Year)

8. AGE: Years 71 Months 7 Days 6 If less than one day hr. min.

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

10. Usual occupation At Home.

11. Industry or business

FATHER
12. Name CHARLES NORRIS
13. Birthplace OHIO (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name SARAH ANN LOE
15. Birthplace OHIO (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Miss Eva Yeager
(b) Address 324 Laurel Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-30-39 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Cemetery

18. (a) Signature of funeral director Arthur J Donnelly
(b) Address 3840 Lindell Blvd

19. (a) SEP 30 1939 (Date received local registrar) (b) J F Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 28th. year 1939 hour 7:00 minute A. M.

21. I hereby certify that I attended the deceased from Sept. 22, 1939, to Sept. 28, 1939; that I last saw her alive on Sept. 28, 1939; and that death occurred on the date and hour stated above.

Immediate cause of death Uremia
Chronic Interstitial
Due to nephritis

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Chronic Nephritis
Of operations

Of autopsy

Duration

PHYSICIAN

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 —
(c) 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 [illegible] (M. D. or other) MD
Address 4930 Lindell Blvd Date signed 9-28-39

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

Rev. 5-17-39 I X19511

Dr Smith
4930 Lenox
130-5 PR

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 W H Van Matre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

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.