

FILED APR 21 1941

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

9386

Do not use this space.

1. PLACE OF DEATH 791
(a) County Registration District No. 1003
(b) Township Primary Registration District No. Registered No. 2796
(c) City St. Louis (d) Street No. St. Louis Children's Hos. P. St. 2796
(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 8 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds. M.D.

2. PRINT FULL NAME Yapel, Diane Elise
(a) Residence, No. 35 Piccardy Lane St. (If nonresident, give city or town and State) Mo.
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Child

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-29-32

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

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Child
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 Jessie W.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER 15. MAIDEN NAME Ansella Bell
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas

17. INFORMANT W. K. Kadden
(ADDRESS) 416 S. Kings Highway

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove Cem. DATE 3/31-1941

19. FUNERAL DIRECTOR (NAME) C. R. Lupton & Sons
(ADDRESS) 7233 Delmar Blvd

20. FILED MAR 29 1941 J. T. Bredeh
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-29-1941

22. I HEREBY CERTIFY, That I attended deceased from 3-27-, 1941, to 3-29-, 1941

I last saw her alive on 3-29-, 1941. Death is said to have occurred on the date stated above, at 2:30 a.m.

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

Acute Cerebellar encephalitis
or Cerebellar Abscess, acute

None epidemic

Other contributory causes of importance:
Otitis Media, acute

Name of operation Noize Date of "

What test confirmed diagnosis? Lumbar Puncture 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) R. J. P. Hines, M. D.

(Address) 170 Saint Louis Highway

Date of onset

3-27-41

3-19-41

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.

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

Clarence H. Murray

Licensed Embalmer No. *4011*

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.