. No. 2
—1-4-41
5-17-39
I X26390

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 25 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

26005

State File No.

Registration District No. 757 Primary Registration District No. 3036 Registrar's No. 124

1. PLACE OF DEATH:

(a) County St. Charles

(b) City or town St. Charles (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2232 N. Benton Avenue (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Charles

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

(d) Street No. 2232 N. Benton Ave. (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Everett Lee Yaeter, Jr.

3. (b) If veteran, name war

3. (c) Social Security No. —

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased May (Month) 31 (Day) 1941 (Year)

8. AGE: Years | Months 1 | Days 3 | If less than one day hr. min.

9. Birthplace St. Charles (City, town, or county) Mo. (State or foreign country)

10. Usual occupation —

11. Industry or business —

FATHER
12. Name Everett Lee Yaeter
13. Birthplace Pike County Mo. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Sophia Littekin
15. Birthplace St. Charles Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Everett Lee Yaeter

(b) Address 2232 N. Benton Ave St. Charles Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 6-1941 (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters Cem St. Charles Mo.

18. (a) Signature of funeral director H. C. Dallmeyer & Sons Co.

(b) Address 800 N. Second, St. Charles, Mo.

19. (a) 7-5-41 (Date received local registrar) (b) Clarence G. Nessler (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 4 year 1941 hour 9 minute 15 A.M.

21. I hereby certify that I attended the deceased from 5-31-41, 19__, to 7-4, 1941; that I last saw him alive on 7-4-1, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	34 days
Due to Congenital Heart Disease	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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 O. W. Towers (M. D. or other) MD

Address 106 Washington St. Charles Mo. Date signed 7-7-41

(Licensed Embalmer's Statement on Reverse Side)

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 John E. Dallmeyer

Licensed Embalmer No. 295'

P. O. Address St Charles 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, fact should be so stated above.