

No. 2
4-13-40
5-17-39
PI X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

22367

State File No.

Registration District No. 780

Primary Registration District No. 4466

Registrar's No. 39

1. PLACE OF DEATH:

(a) County Ste Genevieve
(b) City or town Ste Genevieve
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community years, months or days

3. (a) PRINT FULL NAME MILDRED LOUISE YATES

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 single

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

7. Birth date of deceased June 25 1939 (Month) (Day) (Year)

8. AGE: Years 2 Months 11 Days 27 If less than one day hr. min.

9. Birthplace New Offenburg Missouri (City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

12. Name Walter Yates
13. Birthplace Ironton Missouri
14. Maiden name Genevieve Opal Muller
15. Birthplace Hustonville Missouri

16. (a) Informant Walter Yates (b) Address Ste Genevieve Mo

17. (a) removal (b) Date thereof June 23 1942 (Month) (Day) (Year)

(c) Place: burial or cremation Middlebrook Mo

18. (a) Signature of funeral director H. C. Risher

(b) Address Ste Genevieve Mo

19. (a) June 23/42 (b) T.W. Douglas (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Ste Gen. 95
(c) City or town Ste Genevieve
(d) Street No.
(e) If foreign born, how long in U. S. A. 0 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 22 day June year 1942 hour 1 minute 35 P.M.

21. I hereby certify that I attended the deceased from June 20th 1942 to June 22 1942 that I last saw her alive on June 22 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Arteriosclerosis

Due to
Due to
Other conditions

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

While at work? (Specify type of place) (e) Means of injury
23. Signature H. C. Risher (M. D. or other) M.D.
Address Ste Genevieve Mo Date signed 6-23-42

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

95
1
1

RECEIVED

District Health Officer No. 4
District File Number 242-911
Date Filed 2-14-42

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 Les C. Baskin

Licensed Embalmer No. 1985

P. O. Address St. Genevieve 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.