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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 8 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

28282

State File No. 1

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 1789

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

1. PLACE OF DEATH:

(a) County St. Louis County

(b) City or town Jefferson Barracks (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Veterans Administration Facility (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 Mos. (Specify whether In this community 10 years. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000 17 9

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

(d) Street No. 2326 Clark Ave (If rural, give location)

(e) If foreign born, how long in U. S. A.? — 1 years.

3. (a) PRINT FULL NAME Steve Yarbrough.

3. (b) If veteran, name war World #1

3. (c) Social Security No. 498-09-9704

4. Sex Male

5. Color or race Black

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

6. (b) Name of husband or wife ~~May 8, 1886~~

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

7. Birth date of deceased May (Month) 8 (Day) 1886. (Year)

8. AGE: Years 56 Months 3 Days 15 If less than one day — hr. — min.

9. Birthplace Jackson Tennessee. 1 (City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business Unknown

FATHER
12. Name Louis Yarbrough
13. Birthplace Tennessee 1 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Lucy Hunt
15. Birthplace Tennessee 1 (City, town, or county) (State or foreign country)

16. (a) Informant

(b) Address Government Records, VAF, Jeff. Bks., Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-28 42 (Month) (Day) (Year)

(c) Place: burial or cremation National Cem.

18. (a) Signature of funeral director C. T. Nash

(b) Address ~~[illegible]~~ 13847 Page Boulv.

19. (a) AUG 25 1942 (Date received local registrar) (b) G. McGarvey M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 23 year 1942 hour 2 minute 40 P.M.

21. I hereby certify that I attended the deceased from June 25, 1942 to Aug. 23, 1942, that I last saw him alive on Aug. 23, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Syphilitic Heart Disease with Cardiac Enlargement Auricular Fibrillation, Myocardial

Due to Insufficiency

Due to

Other conditions Chronic Nephritis with Edema. (Include pregnancy within 3 months of death)

Major findings: Of operations —

Of autopsy — 30%

Duration: Not Known

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? Means of injury

23. Signature L. M. COCHRAN, M.D., (M. D. or other)

Address Chief Medical Officer. Date signed

(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 At 3847 Page Boul., Registered Apprentice No. _____, working under my personal supervision.

Signed C. T. Nash

Licensed Embalmer No. 2432

P. O. Address 3847 Page Boul.

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.