

7. S. No. 2
DM-9-4-41
Rev. 5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 8949

FILED MAR 30 1943 318

Primary Registration District No. 1003

Registrar's No. 2721

1. PLACE OF DEATH:

(a) County..... St. Louis

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

(c) Name of hospital or institution:
City Hosp. #1
(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: 000

(a) State Mo. (b) County 1216

(c) City or town St. Louis 916
(If outside city or town limits, write "RURAL")

(d) Street No. 3218 Cherokee
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
0

If yes, name country.....

3. (a) PRINT FULL NAME William C. Yetter

3. (b) If veteran, name war No

3. (c) Social Security No. No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 19th
year 1943 hour 7:50 minute P M.

21. I hereby certify that I attended the deceased from
19..... to 19.....

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Katherine

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased Sept. 1 1864
(Month) (Day) (Year)

that I last saw him..... alive on 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death

8. AGE:	Years	Months	Days	If less than one day
	78	6	18hr.....min.

Fracture of the right femur
Arteriosclerosis, suffered when
deceased fell from a chair
Due to in the bedroom of his home
3218 Cherokee St on 3-8-43
Due to at about 6:25 PM

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

Other conditions.....
(Include pregnancy within 1 month of death)

10. Usual occupation Nil

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

11. Industry or business.....

12. Name Martin Yetter

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Katherine Barbara Schmidt

15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Katherine Yetter

(b) Address 3218 Cherokee St.

17. (a) Burial (b) Date thereof 3-22-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus

18. (a) Signature of funeral director W. Schumacher

(b) Address 3013 Meramec St.

19. (a) MAR 22 1943 (Date received local registrar)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Recipient

(b) Date of occurrence 3-8-43

(c) Where did injury occur? St. Louis 000 Mo
(City or town) (County) (State)

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

While at work? No (Specify type of place)

(e) Means of injury fell

Signature Thomas F. Gallison (M.D. or other)

Address Deputy Coroner Date signed 3/22/43

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

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.....

George P. Deschambault, Registered Apprentice No. X
working under my personal supervision.

Signed George P. Deschambault

Licensed Embalmer No. 2906

P. O. Address 3013 Miramisa

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.