

Registration District No. **318**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County St. Louis, Missouri

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

(c) Name of hospital or institution: St. Louis City Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 24 Days
(Specify whether years, months or days)

In this community 15 Years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Yvonne Mary Pankey

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female 5. Color or race W

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

6. (b) Name of husband or wife John Pankey

6. (c) Age of husband or wife if alive 35 years

7. Birth date of deceased: 1 9 1903
(Month) (Day) (Year)

8. AGE: Years 40 Months 5 Days 0

If less than one day hr. _____ min. _____

9. Birthplace Windsor Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation House-wife

11. Industry or business At Home

12. Name Edward Hall

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

14. Maiden name Mary Bean

15. Birthplace Shelbille known Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant John Pankey

(b) Address 4512^a North Broadway

17. (a) BURIAL (b) Date thereof 6/11/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New ST. MARCUS

18. (a) Signature of funeral director Arv. McLaughlin

(b) Address 2301 Lafayette

19. (a) JUN 11 1943 (b) J. Predeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")

(d) Street No. 4512^a NORTH BROADWAY
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 8, year 1943 hour 2:15 minute P. M.

21. I hereby certify that I attended the deceased from May 15, 1943 to June 8, 1943.
that I last saw h. or alive on June 8, 1943.
and that death occurred on the date and hour stated above.

Immediate cause of death: Rheumatic heart disease
coronary stenosis & multiple
lung infections

Due to _____

Due to _____

Other conditions: for
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy as above

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? _____

While at work? _____
(Specify type of place) (e) Means of injury _____

23. Signature Dworn Petersen (M, D, or other) 6/8/43
Address 1515 Lafayette Avenue Date signed _____

RECEIVED

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 L. B. Cooper

Licensed Embalmer No. 3633

P. O. Address 2317 Lafayette

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.