

REGISTRATION DISTRICT NO. **18**

Primary Registration District No. **1003**

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

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: Bethesda Hospital.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 Years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Ted Alwyn Yaw.

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M. 5. Color or race W. 6. (a) Single, widowed, married, divorced 0

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

7. Birth date of deceased October 16, 1939
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
3 10 27 hr. min.

9. Birthplace St. Louis. 0
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name Glenn Yaw.

13. Birthplace Iowa 1
(City, town, or county) (State or foreign country)

14. Maiden name Bernice Sullivan.

15. Birthplace Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Glenn Yaw.

(b) Address 308a No. Euclid Ave

17. (a) Burial. (b) Date thereof 9-15-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mount Johnson

18. (a) Signature of funeral director Arthur J. Spindel

(b) Address 3840 Lemay Blvd

19. (a) SEP 14 1943 (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 12

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

(d) Street No. 308a No. Euclid Ave.
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 13th.
year 1943 hour 11:30 minute A M.

21. I hereby certify that I attended the deceased from March, 1943, to Sept 13, 1943
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Sept 13: 1943
Acute Pneumonia 3 days

Due to Aspiration
Pharyngeal Paralysis 6 min

Due to Schilder's Disease 2 yrs

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations 115

Of autopsy _____

Duration
3 days
6 min
2 yrs

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

22. If death was due to external cause, 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 0

23. Signature John J. Zahorsky (M. D. or other)
536 N. Taylor Date signed 9/13/43

W. H. ...
S. H. ...
5360 N. Taylor

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 *Stanley Marshall*
Licensed Embalmer No. *2868*
P. O. Address *3840 Luedell Blvd*

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.