S. No. 2
OM—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 22 1943

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33682

State File No.

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9058

1. PLACE OF DEATH:

(a) County

(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: Homer G. Phillips Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 month, 2 days (Specify whether
In this community 1 month, 2 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17

(c) City or town St. Louis, 92
(If outside city or town limits, write "RURAL")

(d) Street No. 813 N. 23rd St.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Naomi Yeager

3. (b) If veteran, name war 00

3. (c) Social Security No.

4. Sex Female

5. Color or race Negro 3

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Jerome Yeager

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

7. Birth date of deceased December (Month) 26, (Day) 1919 (Year)

8. AGE: Years 23 Months 9 Days 15 If less than one day hr. min.

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

10. Usual occupation Employee at Cleaning Co.

11. Industry or business

FATHER
12. Name Manilla Brison
13. Birthplace (City, town, or county) Oklahoma (State or foreign country) 1

MOTHER
14. Maiden name Leona Jones
15. Birthplace (City, town, or county) Oklahoma (State or foreign country) 1

16. (a) Informant Leona Ross
(b) Address 813 N. 23rd. Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10 (Month) 16 (Day) 43 (Year)
(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director A.L. Beal Und. Co.
(b) Address 2726 Lucas Avenue

19. (a) OCT 14 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 10, year 1943 hour 9 minute 20 P. M.

21. I hereby certify that I attended the deceased from September 8, 1943 to October 10, 1943; that I last saw her alive on October 10, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pulmonary Tuberculosis	Indef.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

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? (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? (e) Means of injury 0

23. Signature Alva Moore (M. D. ~~or other~~)
Address 2601 Whittier Date signed 10/11/43

(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.....

..... Registered Apprentice No.....

working under my personal supervision.

Signed Arthur L. Holliard

Licensed Embalmer No. 4221

P. O. Address 4219 E Garfield

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.