

ILLU NOV 29 1943

Registration District No. 318

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Isolation Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10/19 to 11/17
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Cleveland Grover Yeager

3. (b) If veteran, name war No 3. (c) Social Security No. 489-26-7744

4. Sex Male 0 5. Color or race White 6. (a) Single widowed, married, divorced _____

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

7. Birth date of deceased OCT. 22 1884
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
59 0 25 hr. min.

9. Birthplace Ralls Co. Mo. U
(City, town, or county) (State or foreign country)

10. Occupation DEFENSE WORKER

11. Industry or business _____

12. Name FREDERICK YEAGER

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

14. Maiden name FRANCES FRANKLIN

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

16. (a) Informant H. Buchanan

(b) Address Isolation Hospital

17. (a) Burial (b) Date thereof Nov. 27 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New London Mo. Cem.

18. (a) Signature of funeral director Fields & Son

(b) Address Frankfurt Mo.

19. (a) NOV 18 1943 (b) J. J. Brudrake
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3208 Olive
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November 17
year 1943 hour 7:10 a. minute _____ M.

21. I hereby certify that I attended the deceased from 10/19/43
_____ 19 _____ to 11/17/43 19 _____
that I last saw him alive on 11/17/43 19 _____
and that death occurred on the date and hour stated above.

Immediate cause of death: Pulmonary Tuberculosis
28 of kidney

Due to _____

Due to _____

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

Major findings: _____

Of operations _____

Of autopsy _____

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 _____

23. Signature Dr. R. Maxwell (M. D. or other) _____

Address Isolation Hospital Date signed 11/17/43

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

MOTHER FATHER

2/10

Duration 8/6

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

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.....

Francis Prokop

Licensed Embalmer No.

43156

P. O. Address.....

St. Louis, Mo.

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.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State of Missouri
County of Pettis } ss.

State File No.

AFFIDAVIT FOR CORRECTION OF A RECORD Local Registrar's No. 10099

On this 7th day of DECEMBER, 1943, before me appears
Fred Yeager, who, upon his oath, states that the original record of ^{birth} death

for G. Cleveland Yeager ~~born~~ ^{died} November 11, 1943, 19 , in the State of Missouri, and which was filed at St. Louis, Mo ~~at that time~~, 19 , should be corrected as follows:

Item No. 3 should read G. Cleveland Yeager

Instead of Grover Yeager

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

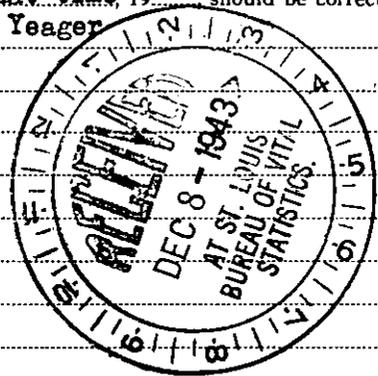
Item No. should read

Instead of

The above is true to the best of my knowledge, information and belief.
(SEAL) Affiant Fred Yeager, son Relationship. only living relative.
214 W. 7, Sedalia, Mo. Present Address.

Subscribed and sworn to before me this 7th day of December, 1943.

My Commission expires Nov. 14, 1946 Ray Hatfield Notary Public.



Affidavits containing erasures will not be accepted; draw one line through error and write above it.

37115.