

FILED NOV 27 1943

Registration District No. 317

Primary Registration District No. 6076

Registrar's No. 2568

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
6947 Myron Avenue. /
(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:

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

(c) City or town Velda Village.
(If outside city or town limits, write "RURAL")

(d) Street No. 6947 Myron Avenue.
(If rural, give location)

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

3. (a) PRINT FULL NAME Archie Fr. Yates.

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased: July 6, 1926.
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>17</u>	<u>4</u>	<u>12</u>	<u>hr. min.</u>

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

10. Usual occupation School Boy

11. Industry or business Normandy High School.

MOTHER FATHER

12. Name George A. Yates.

13. Birthplace St. Louis County, Missouri.
(City, town, or county) (State or foreign country)

14. Maiden name Pauline Ramspott.

15. Birthplace St. Louis County, Missouri.
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. George A. Yates.

(b) Address 6947 Myron Avenue.

17. (a) Burial (b) Date thereof 11-22-1943.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fee Fee Cemetery.

18. (a) Signature of funeral director Geo. L. Pleitsch Inc.

(b) Address 5966-68 Easton Avenue.

19. (a) NOV 22 1943 (b) E. S. McCarver, M.D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 18th.
year 1943 hour 4 minute P.M. M.

21. I hereby certify that I attended the deceased from Nov 15 1943 to Nov 18 1943
that I last saw him alive on Nov 18 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Acute insufficiency

Duration _____

Due to _____

Due to _____

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

PHYSICIAN

Major findings: gva

Of operations _____

Of autopsy _____

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)

(c) Means of injury 0

23. Signature Mary Rose (M. D. or other) _____
Address 1492 Kodanov Date signed 11/19/43

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

96
00

Dr. Merle Bone.
1492 Hodiament Avenue.
Hours 1 to 4 P.M.
Telephone Mulberry 8352

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.....

John Ketter

Licensed Embalmer No. 3880

P. O. Address.....

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.