DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 1 1944

Registration District No.

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 1179

Registrar's No. 1086

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: 4549 Forest Park /
(If not in hospital or institution, write street number or location)

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

In this community 8 months

2. USUAL RESIDENCE OF DECEASED: 997

(a) State Illinois (b) County //

(c) City or town Herrin
(If outside city or town limits, write "RURAL") N.R.

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country 9

3. (a) PRINT FULL NAME Robert H Yates

3. (b) If veteran, name war No

3. (c) Social Security No 344-01-5921

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Gertrude

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased 4 (Month) – 23 (Day) – 1886 (Year)

8. AGE: Years 58 | Months 9 | Days 8 | If less than one day hr. min.

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

10. Usual occupation Storekeeper.

11. Industry or business Emerson Electric

MOTHER FATHER

12. Name Spires Yates

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

14. Maiden name Julia Cavender

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

16. (a) Informant Gertrude Yates

(b) Address 4549 Forest Park

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 1-31-44 (Month) (Day) (Year)

(c) Place: burial or cremation Herrin Ill

18. (a) Signature of funeral director Howard Rowland

(b) Address 4355 Washington

19. (a) FEB 3 1944 (Date received by local registrar) (b) J. F. Bindeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 31 year 1944 hour 6 minute 15 A.M.

21. I hereby certify that I attended the deceased from Jan 21, 1944, to Jan 31, 1944 that I last saw him alive on Jan 30, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chr. Myocarditis	7 yrs
Due to Acute Decompensation of heart	10 days
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? —

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

23. Signature R. F. Bernier C.O. (M.D. or Coroner)

Address 1259 N. Kingshighway Date signed 1/31/44

(Licensed Embalmer's Statement on Reverse Side)

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

1086

1086

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 Howard F. Rowland

, Licensed Embalmer No. 3114

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, fact should be so stated above.