

FILED MAY 20 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16890

State File No.

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **4409**

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:
Mo. Baptist Hospital
(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 **Mo.** (b) County **36**
 (c) City or town **Sullivan**
(If outside city or town limits, write "RURAL")
 (d) Street No. **Rural**
(If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **10**
 year **1944** hour **6** minute **45 P.** M.

21. I hereby certify that I attended the deceased from
5-1-44, 19..... to **5-10-44**, 19.....
 that I last saw him alive on **5-10-44**, 19.....
 and that death occurred on the date and hour stated above.

Immediate cause of death:
**Presumptive Coronary
 thrombosis**
 Due to **arteriosclerosis**
 Due to **arteriosclerosis**
 Other conditions:
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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?

While at work?.....
(Specify type of place) (c) Means of injury

23. Signature **R. C. Andrews** (M. D. or other) **5/12-44**
 Address **4932 Mayland** Date signed.....

3. (a) PRINT FULL NAME **Mary Jane Yager**

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

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced, **Widowed**

6. (b) Name of husband or wife **Charles A. Yager** 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased **Sept. 23 1868**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
75 7 17 hr. min.

9. Birthplace **England**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business.....

MOTHER FATHER { 12. Name **Unknown**
 13. Birthplace **Unknown** 9
(City, town, or county) (State or foreign country)
 14. Maiden name **Unknown**
 15. Birthplace **Unknown** 9
(City, town, or county) (State or foreign country)

16. (a) Informant **William J. Yager**
 (b) Address **5762 Saloma Ave.**

17. (a) **Burial** (b) Date thereof **5-13-44**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Jefferson Barracks**

18. (a) Signature of funeral director **Drehmann-Harral**

(b) Address **1906 Union Blvd.**

19. (a) **MAY 12 1944** (b) **J. F. Brubaker**
(Date received local registrar) (Registrar's signature)

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

4932 Meigs Road
1-4 Friday

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 Warren A. Carver

Licensed Embalmer No. 3534

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.