V. S. No. 2
100M—5-43
Rev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 14 1944

Registration District No. 318

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23567

Primary Registration District No. 1003

Registrar's No. 6960

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: Mo. Pacific 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: 000

(a) State Mo (b) County 17 6

(c) City or town St Louis 9 6 (If outside city or town limits, write "RURAL")

(d) Street No. 4778 Labadie (If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Walter L. Yowell

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M.

5. Color or race W

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

6. (b) Name of husband or wife Minnie T.

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased Mar. (Month) 9 (Day) 1874 (Year)

8. AGE: Years 70 Months ~~4~~ 4 Days ~~28~~ 28 If less than one day hr. min.

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

10. Usual occupation Yard Master

11. Industry or business Mo Pac

FATHER
12. Name Robert Yowell
13. Birthplace (City, town, or county) Va 1 (State or foreign country)

MOTHER
14. Maiden name Sue Clark
15. Birthplace (City, town, or county) Va 1 (State or foreign country)

16. (a) Informant Minnie Yowell

(b) Address 4778 Labadie

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-9-44 (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Cemetery

18. (a) Signature of funeral director Drehmann Hamel

(b) Address 1905 Union

19. (a) AUG 7 1944 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

844

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 7 year 1944 hour 4 minute 35 A.M.

21. I hereby certify that I attended the deceased from August 6, 1944, to August 7, 1944; that I last saw him alive on August 7, 1944; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinomatosis	
Due to Ca. of Gall Bladder	
Due to Ca. of Liver	
Other conditions Primary site (Include pregnancy within 3 months of death) Unknown	

Major findings: Of operations 0

Of autopsy 0

55

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

23. Signature E. P. Scott M.D. (M. D. or other)

Address 9755 S. Grand Date signed 8-7-44

(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 Albert R. Thompson Jr

Licensed Embalmer No. 4217

P. O. Address St. Louis

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.