V. S. No. 2
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Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 32534

FILED OCT 19 1945

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8819

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

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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: Homer G Phillips Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 22 days (Specify whether
In this community 3yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 3930 Page 119
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Irene Yancy

3. (b) If veteran, name war

3. (c) Social Security No. No

4. Sex Female 3

5. Color or race Col.

6. (a) Single, widowed, married, divorced Widow 2

6. (b) Name of husband or wife George Yancy

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

7. Birth date of deceased May (Month) 1 (Day) 1866 (Year)

8. AGE: Years 79 Months 5 Days 9 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace " (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Mack Lewis
(b) Address 3930 Page

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 10 14 1945 (Month) (Day) (Year)
(c) Place: burial or cremation East Ohio Ill Booker Washington

18. (a) Signature of funeral director [signature]
(b) Address 3517 Laclede Avenue

19. (a) OCT 13 1945 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 10 year 1945 hour 10 minute 10 A M.

21. I hereby certify that I attended the deceased from Sept. 18, 1945 to Oct. 10, 1945 that I last saw her alive on Oct. 10, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Senile Psychosis	Unk
Generalized Arteriosclerosis	
Due to	
Due to	
Other conditions Uremia (Include pregnancy within 3 months of death)	

97

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

23. Signature Oscar L. Daniels (M. D. or other)
Address 2601 N Whittier Date signed 10/11/45

(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 Melvin Edward Green, Registered Apprentice No. 383, working under my personal supervision.

Signed [signature]

Licensed Embalmer No. 1173

P. O. Address 3517 Saclede ave

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.