

**FILED** JAN 11 1945  
Registration District No. **11397**

Primary Registration District No. **1003**

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

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:  
Homer G Phillips Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 7 days  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME George Yarber

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

4. Sex Male 5. Color Col 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Agnes Yarber 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased June 16 1890  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
54 6 22 hr. min.

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

10. Usual occupation Labor

11. Industry or business \_\_\_\_\_

12. Name John Yarber

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

14. Maiden name Malinda

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

16. (a) Informant Agnes Yarber

(b) Address 4551 Kennerly

17. (a) Burial (b) Date thereof \_\_\_\_\_  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director J. G. Gilman

(b) Address 2415 Franklin Ave

19. (a) DEC 27 1945 (b) J. F. Braden  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4551 Kennerly Ave  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 22  
year 1945 hour 5 minute x A. M.

21. I hereby certify that I attended the deceased from 12-15, 1945 to 12-22, 1945  
that I last saw him alive on 12-22, 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia and  
Chronic Pyelonephritis - non  
Due to - calculous  
Duration 4 days  
Unk

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions Jaundice  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy Neg  
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 O. L. Dugan (M. D. or other) \_\_\_\_\_  
Address 2001 N. Wheeler Date signed 12/26

**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

*G. A. Green*

Licensed Embalmer No. 2963

P. O. Address 2915 Franklin 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.**