

FILED MAR 31 1947  
Registration District No. 318

Primary Registration District No. 1003

State File No. \_\_\_\_\_

Registrar's No. 3103

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:  
4352 Wilcox Avenue  
(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)

3. (a) PRINT FULL NAME Josephine Yaker

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 single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased... May 21st, 1879  
(Month) (Day) (Year)

8. AGE: Years 67 Months 10 Days 1 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation home

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

12. Name Ferdinand Yaker

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

14. Maiden name Mary Shell

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

16. (a) Informant Flora Roesch

(b) Address 4352 Wilcox, St. Louis, Mo.

17. (a) burial (b) Date thereof Mar. 26, 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Matthew's Cemetery

18. (a) Signature of funeral director Wacker - Walden H. & Co.

(b) Address 3634 Gravois, St. Louis, Mo.

19. (a) MAR 24 1947 (Date received local registrar)  
J. P. Br... (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. 4352 Wilcox Avenue  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 22nd  
year 1947 hour 2 minute 30 P. M.

21. I hereby certify that I attended the deceased from Jan 30 1947 to 3/5 1947  
that I last saw him alive on 3/5 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death... Chronic Myocarditis  
Due to...  
Due to...  
Other conditions... Atherosclerosis  
(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) (Means of injury)  
23. Signature ... (M. D. or other)  
Address 3017 Lafayette Date 3/24/47

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

MOTHER FATHER

**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..... *Frank J. Hyland*

Licensed Embalmer No..... *2645*

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.**