

No. 2  
-12-45  
-17-39

X47070

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

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED MAY 1 1947

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1003

State File No. 15813  
Registrar's No. 4183

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_

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 Hosp. U  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 1 DAY  
 (Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County ST. LOUIS  
 (c) City or town ST. LOUIS  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 3302 PINE ST  
 (If rural, give location)  
 (e) Citizen of foreign country? NO (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME BESSIE YORKLEY  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex F 5. Color or race C 6. (a) ~~Single~~, widowed, married, divorced W  
 6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased 1 8 1886  
 (Month) (Day) (Year)

8. AGE: Years 61 Months 3 Days 10 If less than one day, hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation HOUSE WIFE

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

12. Name UNKNOWN  
 13. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

14. Maiden name \_\_\_\_\_  
 15. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

16. (a) Informant Edgar Wilson  
 (b) Address 3302 PINE ST

17. (a) BURIAL (b) Date thereof 4-24-47  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation GREENWOOD  
Bennil Lane  
 18. (e) Signature of funeral director \_\_\_\_\_  
 (b) Address 3103 Washington Ave

19. (a) APR 22 1947 (b) J. P. Brebeck  
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 18  
 year 1947 hour 5 minute 50 M.  
 21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
 that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
 and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_  
 Due to Coronary Vascula Renal  
Dissection  
 Due to \_\_\_\_\_  
 Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)  
 Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 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 3  
 23. Signature J. P. Brebeck (M.D. or other) \_\_\_\_\_  
 Address \_\_\_\_\_ Date signed 4/24/47

**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

*W. Claude Gordon*

Licensed Embalmer No.....

*3489*

P. O. Address.....

*4575 Aldine*

**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.**