. S. No. 2
M—1/47
ev. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

FILED JAN 25 1947 1218

Registration District No. .....

Primary Registration District No. .....

1003

State File No. 22798

Registrar's No. 6088

1. PLACE OF DEATH:

(a) County .....

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

(c) Name of hospital or institution: City Hospital O
(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:

(a) State Missouri (b) County 000

(c) City or town St Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 2110a DeKalb 9
(If rural, give location) 0

23

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

If yes, name country .....

3. (a) PRINT FULL NAME CHARLES YEAGER

3. (b) If veteran, name war World War II

3. (c) Social Security No. .....

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Edna Yeager

6. (c) Age of husband or wife if alive 35 years

7. Birth date of deceased Oct (Month) 3 (Day) 1907 (Year)

8. AGE:

Years	Months	Days	If less than one day
39	8	22	..... hr. ..... min.

9. Birthplace St Louis (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Beer Driver

11. Industry or business Star Peerless Brewrey

FATHER
12. Name FRANK Yeager
13. Birthplace St Louis (City, town, or county) Mo (State or foreign country) 0

MOTHER
14. Maiden name Dont Know
15. Birthplace St Louis (City, town, or county) Mo (State or foreign country) 0

16. (a) Informant Mrs Edna Yeager
(b) Address 2110a DeKalb

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-27-47 (Month) (Day) (Year)
(c) Place: burial or cremation National Cemetery J.B.Mo

18. (a) Signature of funeral director Weick Bros Und Co
(b) Address 2201 S. Grand Bl

19. (a) JUN 25 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 25th year 1947 hour 6:03 minute A M.

21. I hereby certify that I attended the deceased from 6/20/47 ....., 19....., to June 25th, 1947; that I last saw him alive on June 25th, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death Perforation of Carcinoma of the Stomach

Due to .....

Due to .....

Other conditions Peritonitis
(Include pregnancy within 3 months of death)

Major findings:
Of operations same

Of autopsy same

Duration

PHYSICIAN

Underline the cause of 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) 0

While at work? ..... (e) Means of injury .....

23. Signature R R Dalton (M. D. or other) MD

Address 1515 Lafayette Date signed 6/25/47

Jefferson City Printing Co.

(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 Harry A Stewart.

Licensed Embalmer No. 3722

P. O. Address 2201 S. Grand Bl.

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.