. No. 2
—1/47
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

State File No. 22878

FILED JUN 23 1947

Registration District No. 22

Primary Registration District No. 3069

Registrar's No. 1336

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Marys 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 St. Louis 96
(c) City or town Maplewood 5
(If outside city or town limits, write "RURAL")
(d) Street No. 2526 Bellevue Ave 3
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME Infant Yourtee
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M O
5. Color or race White
6. (a) Single, widowed, married, divorced Child O
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased 6/18/47 (Month) (Day) (Year)

8. AGE: Years | Months | Days | If less than one day 4 hr. 30 min.

9. Birthplace Richmond Heights (City, town, or county) Mo (State or foreign country) O
10. Usual occupation Child
11. Industry or business
FATHER
12. Name Theodore Yourtee
13. Birthplace St. Louis (City, town, or county) Mo (State or foreign country) O
MOTHER
14. Maiden name Betty J Witthaus
15. Birthplace St. Louis (City, town, or county) Mo (State or foreign country) O
16. (a) Informant Theodore Yourtee
(b) Address 2526 Bellevue Ave
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/19/47 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Cemetery
18. (a) Signature of funeral director Robert J. Ambruster Inc
(b) Address 6633 Clayton Road
19. (a) 6-21-47 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 18th year 1947 hour 7.50 minute P M.
21. I hereby certify that I attended the deceased from , 19 , to 6/18/47 , 19 ; that I last saw him alive on 6/18/47 , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Premature
Due to 7 Month Baby, lived 4 hrs 30 Min.
Due to 159
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

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)
While at work? (e) Means of injury O
23. Signature O. E. Williamson (M. D. or other)
Address 6336 Clayton Road Date signed 6/19/47

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~~ NO EMBALMING. by me, or by _____ Registered Apprentice No. _____, working under my personal supervision.

Signed Arnold W. Schoene

Licensed Embalmer No. 3864

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.