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

FILED SEP 23 1947

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 33175

Registrar's No. 2629

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 6 days (Specify whether years, months or days)
In this community

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. 3939 Finney
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Elder C Yokely
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Male
5. Color or race Col.
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Alice Yokley
6. (c) Age of husband or wife if alive 47 years
7. Birth date of deceased August (Month) 13 (Day) 1877 (Year)

8. AGE: Years 70 Months 0 Days 26 If less than one day hr. min.

9. Birthplace Lenvell, (City, town, or county) Tenn. (State or foreign country)
10. Usual occupation Minister
11. Industry or business

FATHER
12. Name Bill Yokley
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unk. (City, town, or county) (State or foreign country)

16. (a) Informant Alice Yokley
(b) Address 3939 (rear) Finney Avenue
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-13-47 (Month) (Day) (Year)
(c) Place: burial or cremation Oakdale Cemetery
18. (a) Signature of funeral director E. B. Kooce
(b) Address 1221 N. Grand Blvd.
19. (a) SEP 12 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 9 year 1947 hour 12 minute 55 P. M.

21. I hereby certify that I attended the deceased from Sept. 3, 1947 to Sept. 9, 1947 that I last saw him alive on Sept. 9, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Prob. Malignancy of Colon with Metastasis to Pleura — Duration: Undet.

Due to

Due to

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

Major findings:
Of operations

Of autopsy No

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

23. Signature O. P. Daniels (M. D. or other)
Address 2601 N Whittier St Date signed 9/11/47

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 Eugene Miles

Licensed Embalmer No. 3623

P. O. Address 1221 - N. Gra

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.