No. 2
-1/47
-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. 33176

FILED OCT 4 1947

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8969

1. PLACE OF DEATH:
(a) County: St Louis
(b) City or town: (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1946 Belt Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: (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. 1946 BELT (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: LUVENIA YOKLEY
3. (b) If veteran, name war:
3. (c) Social Security No.:

4. Sex: FEMALE
5. Color or race: NEGRO
6. (a) Single, widowed, married, divorced: MARRIED
6. (b) Name of husband or wife: JAMES YOKLEY JR
6. (c) Age of husband or wife if alive: 47 years
7. Birth date of deceased: Sept (Month) 23 (Day) 1906 (Year)

8. AGE: Years 40 Months 11 Days 29 If less than one day: hr. min.

9. Birthplace: Kansas city (City, town, or county) Mo (State or foreign country) O
10. Usual occupation: Housewife
11. Industry or business:
MOTHER FATHER
12. Name: Geo W. Edwards
13. Birthplace: Kansas city (City, town, or county) Mo (State or foreign country) O
14. Maiden name: Mary Cunningham
15. Birthplace: Ft Errington (City, town, or county) Mo (State or foreign country) O
16. (a) Informant: Hazel Dyer
(b) Address: 1946 Belt
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Sept 26 1947 (Month) (Day) (Year)
(c) Place: burial or cremation: Jefferson Center
18. (a) Signature of funeral director: English Undertaker
(b) Address: 2931 Lucas Ave
19. (a) SEP 26 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPT. day 22 year 1947 hour FOUR minute 30 P.M.
21. I hereby certify that I attended the deceased from SEPT 12 1947 to SEPT 22 1947 that I last saw her alive on SEPT. 18 1947 and that death occurred on the date and hour stated above.

Immediate cause of death: CONGESTIVE CARDIAC FAILURE — Duration: FEW MONTHS
Due to: HYPERTENSIVE HEART DISEASE
Due to:
Other conditions (Include pregnancy within 3 months of death):
Major findings: Of operations:
Of autopsy:

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: Claus H. Beane (M. D. or other)
Address: 919 N. Jefferson Date signed: 9/13/47

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. Buleam English

Licensed Embalmer No. 4208

P. O. Address 2931 Lucas, Ave

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.