No. 2
1/47
17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 6 1948 318

Registration District No.

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 100

State File No. 34874

Registrar's No. 9161

1. PLACE OF DEATH:
(a) County
(b) City or town Saint Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Homer Phillips
(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 Saint Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2758 Chouteau
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Joseph Yeatman
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex male
5. Color or race negro
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Emma Yeatman
6. (c) Age of husband or wife if alive 56 years
7. Birth date of deceased 5 (Month) 21 (Day) 1892 (Year)

8. AGE: Years 56 Months 4 Days 27 If less than one day hr. min.

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

MOTHER FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) (State or foreign country) 9
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country) 9

16. (a) Informant Emma Yeatman
(b) Address 2758 Chouteau Ave
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 10-23-48 (Month) (Day) (Year)
(c) Place: burial or cremation Oakdale Cemetery
18. (a) Signature of funeral director G. Wade Granberry
(b) Address 4202 Finney Ave
19. (a) OCT 23 1948 (Date received local registrar) (b) J. B. Lasater (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 18 year 1948 hour 4:00 minute A. M.

21. I hereby certify that I attended the deceased from Sept 1 1948 to 10/18/ 1948 that I last saw him alive on 10/18 1948 and that death occurred on the date and hour stated above.

Immediate cause of death CHRONIC MYOCARDITIS

Due to RHEUMATISM, NEPHRITIS, CHRONIC

Due to

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

23. Signature J. E. Hurt (M. D. or other)
Address 1015 N. Garrison Date signed 10/19/4

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

J. E. Hurt

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 Ralph W. Henson

Licensed Embalmer No. 3791

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.