

FILED APR 7 1949

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

8947

State File No. ....

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

BIRTH NO. _____		REG. DIST. NO. <u>160</u>		PRIMARY REG. DIST. NO. <u>5592</u>		Registrar's No. <u>2</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>Jefferson</u>		b. CITY (If outside corporate limits, write RURAL and give township) <u>Herculaneum</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>Jefferson</u>	
c. LENGTH OF STAY (in this place) <u>3</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Herculaneum</u>		d. STREET ADDRESS (If rural, give location)			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>John</u>		b. (Middle) <u>William</u>		c. (Last) <u>Yeida</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 22, 1949</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>Oct. 28, 1892</u>		9. AGE (In years last birthday) <u>56/3/22</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 18 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Sheet Metal Foreman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Lead Smelter</u>		11. BIRTHPLACE (State or foreign country) <u>Festus, Mo R. # 2</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>John William Yeida</u>		13b. MOTHER'S MAIDEN NAME <u>Emma Selinger</u>		14. NAME OF HUSBAND OR WIFE <u>Neva Greenhill</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>493-03-9329</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Neva Yeida Herculaneum, Mo.</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u>				<u>24 hrs</u>	
		ANTECEDENT CAUSES				<u>10 yrs</u>	
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>coronary sclerosis</u> DUE TO (c) _____					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4/50!</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>2-22, 1949</u> , to <u>2-22, 1949</u> , that I last saw the deceased alive on <u>2-22, 1949</u> , and that death occurred at <u>6:10 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Marvin Bergmann M.D.</u>				23b. ADDRESS <u>5568 Waterman St. Louis</u>		23c. DATE SIGNED <u>2/25/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u>		24b. DATE <u>2/25/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Valhalla</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo</u>	
DATE REC'D BY LOCAL REG. <u>2/24/49</u>		REGISTRAR'S SIGNATURE <u>Cecilia Belleville</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>H. W. ...</u>		ADDRESS <u>Festus Mo</u>	

RECEIVED  
District Health Officer No. 9,  
District of Columbia  
APR 6 1949  
Date Filed: JUN 2 1949

APR 7 1949

**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.....

Student Embalmer No. ....

working under my personal supervision.

Signed Al T. Young.....

Signed.....  
Student Embalmer

Licensed Embalmer No. 3010.....

P. O. Address: Festa No.....

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.