

FILED MAR 23 1950

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

11313

State File No. 2349
 Registrar's No. 2349

318

1003

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) St Louis Mo		c. LENGTH OF STAY (In this place) 36 days		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis 2099		d. STREET ADDRESS (If rural, give location) 4257a N. 19th St. 6	
d. FULL NAME OF HOSPITAL OR INSTITUTION Barnes				3. NAME OF DECEASED a. (First) SARAH EDITH YARBROUGH b. (Middle) _____ c. (Last) _____			
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow		4. DATE OF DEATH (Month) (Day) (Year) March 9 1950	
8. DATE OF BIRTH Dec. 10, 1881		9. AGE (In years last birthday) 68		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Mulberry Grove, Ill.				12. CITIZEN OF WHAT COUNTRY? U.S.			
13a. FATHER'S NAME John Dotray		13b. MOTHER'S MAIDEN NAME Ella Elam		14. NAME OF HUSBAND OR WIFE William W. Yarbrough			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Blanche Bowman, 4257a N. 19th St.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bilateral bronchopneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinomatosis, primary site unknown DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Cardiac failure Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic heart disease				INTERVAL BETWEEN ONSET AND DEATH 1 wk 5 mo. 5-10 yrs.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) 1950			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 Feb. 2, 1950, to March 9, 1950, that I last saw the deceased alive on March 9, 1950, and that death occurred at 4:29 a.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) FR Radley M.D.				23b. ADDRESS BARNES HOSPITAL 0		23c. DATE SIGNED 3/9/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 3-12-50		24c. NAME OF CEMETERY OR CREMATORY McInturf		24d. LOCATION (City, town, or county) (State) Hagerstown, Ill.	
DATE REC'D BY LOCAL REG. MAR 10 1950		REGISTRAR'S SIGNATURE J. B. Foster		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe, 4700 Washington Blvd.			

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

Em

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 Me

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed Elton R. Penelux

Licensed Embalmer No. 42183

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.