

FILED FEB 2 1951

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

3298

State File No. 241 233

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3069 Registrar's No. 241 233

1. PLACE OF DEATH a. COUNTY <i>St Louis</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Mo</i> b. COUNTY <i>St Louis</i>	
b. CITY (If outside corporate limits, write RURAL and give township) <i>Rich NE Mo</i>		c. CITY (If outside corporate limits, write RURAL and give township) <i>Richmond NE Mo</i>	
c. LENGTH OF STAY (in this place) <i>4 years</i>		d. STREET ADDRESS (If rural, give location) <i>7559 Lindbergh Dr</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>St Marys Hosp</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>Jan 26 1951</i>	
3. NAME OF DECEASED (Type or Print) a. (First) <i>ANNA</i>	b. (Middle) <i>E</i>	c. (Last) <i>YADON</i>	5. SEX <i>F</i>
6. COLOR OR RACE <i>W</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>M</i>	8. DATE OF BIRTH <i>April 1 1898</i>	9. AGE (Years last birthday) <i>52</i> If under 1 year: Days <i>9</i> Hours <i>25</i> Min. <i>11</i>
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <i>Housewife</i>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>Lublin Ireland</i>	12. CITIZEN OF WHAT COUNTRY? <i>USA</i>
13a. FATHER'S NAME <i>Wm Anderson</i>	13b. MOTHER'S MAIDEN NAME <i>Mary O Connor</i>	14. NAME OF HUSBAND OR WIFE <i>Charles Lee Yadon</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or both periods) (If yes, give dates of service) <i>No</i>	16. SOCIAL SECURITY NO. <i>None</i>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Cheryl Yadon 7559 Lindbergh Dr Rich Mo</i>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Arteriosclerotic heart disease</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <i>none</i>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	<i>4200</i>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <i>no</i>	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 <i>Sept 1949</i> to <i>Jan 26, 1951</i> , that I last saw the deceased alive on <i>Jan 26, 1951</i> , and that death occurred at <i>11 4 m.</i> , from the causes and on the date stated above.			
23a. SIGNATURE (Name or title) <i>James B. Stubbins</i>	23b. ADDRESS <i>634 N. Grand</i>	23c. DATE SIGNED <i>1-27</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>Jan 19 1951</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Memorial Park Cem St Louis Mo</i>	24d. LOCATION (City, town, or county) (State) <i>St Louis Mo</i>
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <i>1-28-51 Herbert R. Donke MD</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>W. H. Jocke 536 Clayton Rd Rich Mo</i>	

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

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

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Eaton R. Remelius

Licensed Embalmer No. 4283

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.