

10821

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 2736

FILED APR 9 1951

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 7006		Registrar's No. 2736	
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, Missouri		c. LENGTH OF STAY (In this place) 6 Days		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis		2199	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital #1				d. STREET ADDRESS (If rural, give location) 3942 Olive St.			
3. NAME OF DECEASED (Type or Print) JOSEPH		a. (First)		b. (Middle)		c. (Last) YAGEL	
4. DATE OF DEATH MAR. 18 1951		5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH 9/12/1887		9. AGE (In years last birthday) 63		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shoemaker		11. BIRTHPLACE (State or foreign country) New Orleans La.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME George Yagel		13b. MOTHER'S MAIDEN NAME Mary Strobel		14. NAME OF HUSBAND OR WIFE Ruth Yagel	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W.W. I		16. SOCIAL SECURITY NO. 499-01-2184		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Virginia Murphy Rt 3 Florissant Mo			
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>Trinosis of Liver</i>		INTERVAL BETWEEN ONSET AND DEATH					
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Chronic Alcoholism</i>							
DUE TO (c) <i>Epilepsy</i>							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Suprapubic cystotomy 3-14-51</i>							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input 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)		21f. HOW DID INJURY OCCUR 5811	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
22. I hereby certify that I attended the deceased from 3-13-51, 19__, to 3-18-51, 19__, that I last saw the deceased alive on 3-18-51, 19__, and that death occurred at 9:55A m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <i>William D Carter M.D.</i>				23b. ADDRESS 1515 Lafayette Avenue		23c. DATE SIGNED 3-19-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3/24/51		24c. NAME OF CEMETERY OR CREMATORY Fee Fee Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County Mo.	
DATE MADE BY LOCAL HEALTH DEPT. 23 RECD		REGISTRAR'S SIGNATURE <i>J. B. Lavate</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Collier's Funeral Home 10123 St. Char. Rd.</i>			

MAR 23 1951

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10.48

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**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.

Student .....  
Student Embalmer

Signed

*No Embalming*

..... Licensed Embalmer No. ....

..... P. O. Address .....

**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.**