

FILED JUN 5 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

17904

State File No. ....

318

1003

4725

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 OR TOWN) St. Louis		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis 2189	
d. FULL NAME OF HOSPITAL OR INSTITUTION IIIIO So, Compton		STREET ADDRESS (If rural, give location) 18 IIIIOa So, Compton			
3. NAME OF DECEASED (Type or Print) a. (First) Yolanda		b. (Middle) Canada		c. (Last)	
4. DATE OF DEATH (Month) (Day) (Year) May 18 1951		5. SEX 3 Female		6. COLOR OR RACE Col	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Widow		8. DATE OF BIRTH Dec 12, 1904		9. AGE (In years last birthday) 46	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Miss	
13a. FATHER'S NAME Jeff Ramey		13b. MOTHER'S MAIDEN NAME Sarah Sheppard		14. NAME OF HUSBAND OR WIFE Dead	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Inez Jackson IIIIO So Compton	

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) Cerebral Apoplexy		INTERVAL BETWEEN ONSET AND DEATH One mo	
		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.			

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)	
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"/>		21f. HOW DID INJURY OCCUR 334X	

22. I hereby certify that I attended the deceased from 4/22, 1951, to 5/18, 1951, that I last saw the deceased alive on 5/17, 1951, and that death occurred at 7:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) L R Wentzel MD		23b. ADDRESS 2726 Cherokee		23c. DATE SIGNED 5/20/51	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 21-51		24c. NAME OF CEMETERY OR CREMATORY Washington	
24d. LOCATION (City, town, or county) (State) St. Louis County Mo		DATE REC'D BY LOCAL REGISTRY MAY 21 1951		REGISTRAR'S SIGNATURE J B Koster	
25. FUNERAL DIRECTOR'S SIGNATURE J J Stator		ADDRESS 2769 Cherokee			

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed.....

*J. J. Watson*

Signed.....

Student Embalmer

Licensed Embalmer No. *2698*

P. O. Address *2769 Chouteau*

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.