

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36083

State File No. _____

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

FILED OCT 23 1951

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>6476</u>		Registrar's No. <u>3408</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Carsonville</u>		c. LENGTH OF STAY (In this place) <u>2 Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		<u>2069</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Penn Nursing Home</u>				d. STREET ADDRESS (If rural, give location) <u>5967 Cote Brillante Ave.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Louis</u>		b. (Middle) <u>F.</u>		c. (Last) <u>Yeargain</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>10</u> <u>10</u> <u>51</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>May 22, 1882</u>	
9. AGE (In years) <u>69</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 11 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Motorman</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Street Car</u>			11. BIRTHPLACE (State or foreign country) <u>Irondale</u>	
12. CITIZENSHIP OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>John W. Yeargain</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Elizabeth Simms</u>		14. NAME OF HUSBAND OR WIFE <u>Elsie Zolman Yeargain</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>492-10-9259</u>		17. INFORMANT'S SIGNATURE OR NAME <u>John Yeargain</u> ADDRESS <u>5967 Cote Brillante</u>			
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive Cardio-vascular disease</u>				<u>2 years</u>	
		DUE TO (c) <u>Right hemiplegia</u>				<u>2 months</u>	
		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 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) <u>331X</u> (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>Aug 14, 1951</u> , to <u>Oct 10, 1951</u> , that I last saw the deceased alive on <u>Oct 10, 1951</u> , and that death occurred at <u>8:15 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Lewis Littmann MD</u> (Degree or title)				23b. ADDRESS <u>8231 Clayton Rd (17)</u>		23c. DATE SIGNED <u>10/11/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10</u> <u>13</u> <u>51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Masonic Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Farmington Mo.</u>	
DATE REC'D BY LOCAL REG. <u>10-11-51</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Tombs MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Collier's Funeral Home</u> ADDRESS <u>10123 St. Chas. Rd</u>			

Dr Littenman
5231 Clayton Rd.

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 Sheldon Collier

Licensed Embalmer No. 3382

P. O. Address 10123 St. Charles

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.