

FILED NOV 24 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH 1003

39959
9882

BIRTH NO. 73386-51 REG. DIST. NO. 818 PRIMARY REG. DIST. NO. 1003 State File No. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Illinois</u> b. COUNTY <u>St. Clair</u>		
b. CITY OR TOWN <u>St. Louis Mo.</u>	c. RURAL and give township	c. LENGTH OF STAY (in this place) <u>9 hrs</u>	c. CITY OR TOWN <u>St. Louis</u> <u>9120</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Marys Infirmary</u>			d. STREET ADDRESS (If rural, give location) <u>718 Piggott</u>		

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) <u>Mary</u>	b. (Middle) <u>Yarborough</u>	c. (Last)	<u>10-30-51</u>		

5. SEX <u>Female</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never</u>	8. DATE OF BIRTH <u>10-30-51</u>	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Days	IF UNDER 12 HRS. Min.
----------------------	-------------------------------	---	----------------------------------	---------------------------------	------------------------	-----------------------	-----------------------

10a. USUAL OCCUPATION (One kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>St. Louis Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U</u>
--	-----------------------------------	--	---------------------------------------

13a. FATHER'S NAME <u>James Yarborough</u>	13b. MOTHER'S MAIDEN NAME <u>Virginia Wilkins</u>	14. NAME OF HUSBAND OR WIFE
--	---	-----------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Virginia Yarborough</u>	ADDRESS
---	-------------------------	--	---------

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>prematurity</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last.		
	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? <u>776X</u>
--	--	--

22. I hereby certify that I attended the deceased from 8^{am} 10-30, 1951, to 5^{pm} 10-30, 1951, that I last saw the deceased alive on 10-30, 1951, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Clifford A. Hancock M.D.</u>	23b. ADDRESS <u>360A 8015th Est. Wash</u>	23c. DATE SIGNED
--	---	------------------

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>NOV 8 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Anatomical Board</u>	24d. LOCATION (City, town, or county) (State)
---	-----------------------------	--	---

DATE REC'D BY LOCAL REG. <u>NOV 8 1951</u>	REGISTRAR'S SIGNATURE <u>J. Earl Smith M.D. K.P.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Rowland Mortuary Service</u>	ADDRESS <u>4104 Manchester Ave.</u>
--	--	--	-------------------------------------

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.....

....., Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed.....

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.