

FILED FEB 2 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3484
600
Registrar's No. 0600

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY					
b. CITY OR TOWN St Louis		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN ST. LOUIS 2079			
d. FULL NAME OF HOSPITAL OR INSTITUTION Pronounced dead at City Hosp.		d. STREET ADDRESS (If rural, give location) 5616 Miller 0					
3. NAME OF DECEASED a. (First) ANNA (Type or Print)		b. (Middle) E		c. (Last) YEAGER			
5. SEX Female		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED			
8. DATE OF BIRTH NOV 10 1884		9. AGE (In years last birthday) 67		4. DATE OF DEATH (Month) (Day) (Year) 1-18-52			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WORK		10b. KIND OF BUSINESS OR INDUSTRY AT HOME		11. BIRTHPLACE (State or foreign country) Pilot Knob Mo			
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME LEO ROTH		13b. MOTHER'S MAIDEN NAME ROSE SINZ			
14. NAME OF HUSBAND OR WIFE FRANK T. YEAGER DE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 487-22628			
17. INFORMANT'S SIGNATURE OR NAME LEO A. ROTH		ADDRESS 1258 HAFNER PK					
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) <u>TL of skull; Subdural hemorrhage suffered when struck by auto driven by one Richard Corley at intersection of Fresh & Lewis out</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO <u>and Park Lane about 1035 pm Jan 18 1952</u> 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: 800 Accident		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, bldg., etc.) Street		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St Louis Mo			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Jan 18 52 10pm		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? E 8124 25			
22. I hereby certify that I, attended the deceased from _____, 19____ to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 0357 p.m., from the causes and on the date stated above.							
23a. SIGNATURE Joseph M. Zuercher (Type or Print)		23b. ADDRESS 1300 Clark		23c. DATE SIGNED 1/21/52			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 1-22-52		24c. NAME OF CEMETERY OR CREMATORY VAL HALLACEM			
24d. LOCATION (City, town, or county) (State) WELLSTON MO		25. FUNERAL DIRECTOR'S SIGNATURE EARL HILLEMANN		ADDRESS 9709 BACKL			
DATE REC'D BY LOCAL REG. JAN 21 1952		REGISTRAR'S SIGNATURE Paul Smith M.D.		OVERLAND MO			

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

3

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 Earl L. Hillerman

Licensed Embalmer No. 3501

P. O. Address Overland 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.