

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **22848**  
 Registrar's No. **6039**

*William J. ...*  
 1952

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 <b>Mo</b> b. COUNTY <b>Jefferson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>St Louis</b>		c. LENGTH OF STAY (In this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>City Hospital No 1</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Rock Township</b>	
		d. STREET ADDRESS (If rural, give location) <b>Near Antonia</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Anna</b> b. (Middle) <b>B</b> c. (Last) <b>Yates</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>4-1952</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single Div</b>	8. DATE OF BIRTH <b>6-11-1892</b>
9. AGE (In years last birthday) <b>60</b>		IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housework</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Self</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Antonia Mo</b>
12. CITIZEN OF WHAT COUNTRY? <b>Us</b>			
13a. FATHER'S NAME <b>George Zipp</b>		13b. MOTHER'S MAIDEN NAME <b>Verona Rosenbauer</b>	
14. NAME OF HUSBAND OR WIFE <b>Unknown</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Virginia Steinhilberbach Pevoly, Missouri</b>			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <b>Pulmonary congestion;</b> <b>Diabetes; old fracture of right femur, when she fell to the floor</b> DUE TO (b) <b>old Little Sister of the Poor</b> DUE TO (c) <b>on Dec 5 1951 about 440pm</b>	
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 <b>Accident</b>	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accident</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>St Louis Mo</b>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>St Louis Mo</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>Dec 5 5:40</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <b>E 9037</b>			
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 <b>545/10</b> _____, from the causes and on the date stated above.			
23a. SIGNATURE <i>Virginia Steinhilberbach</i>		23b. ADDRESS <b>3150 - Clark</b>	
23c. DATE SIGNED <b>6/1/52</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>6-27-52</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Burgess Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Antonia, Missouri Mo</b>	
DATE REC'D BY LOCAL <b>JUN 27 1952</b>		REGISTRAR'S SIGNATURE <i>Fred Heiligtag</i>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Fred Heiligtag</b>		ADDRESS <b>Kimmwick, Missouri</b>	

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 Ronald O Yohnke

Licensed Embalmer No. 3907

P. O. Address St Louis

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.