No. 300
10.48

FILED NOV 13 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37032

BIRTH NO. 65920 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 9842

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

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 4644 Cote Brilliante

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis 2119
d. STREET ADDRESS (If rural, give location): 4644 Cote Brilliante 0

3. NAME OF DECEASED (Type or Print)
a. (First): Wadna
b. (Middle): Lucile
c. (Last): Y eargin

4. DATE OF DEATH (Month) (Day) (Year): 10- 23- 1952

5. SEX: Fe male 3
6. COLOR OR RACE: Negro
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): - - - 0
8. DATE OF BIRTH: 8- 30- 1952
9. AGE (In years last birthday): If under 1 year: Months 1 Days 23; If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): - - - -
10b. KIND OF BUSINESS OR INDUSTRY: - -
11. BIRTHPLACE (City and State or Foreign Country): St. Louis Missouri 0
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13a. FATHER'S NAME: James Yeargin
13b. MOTHER'S MAIDEN NAME: Allene Matherson
14. NAME OF HUSBAND OR WIFE: - - -

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: Allene Yeargin 4644 Cote Brilliante

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Anoxia ; Bronchs
DUE TO (c) Pneumonia

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
20. AUTOPSY? YES ☒ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 491X

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 830A m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Joseph M. Lucien Deputy Coroner 3
23b. ADDRESS: 1300 Clark
23c. DATE SIGNED: 10/24/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 4
24b. DATE: 10/27/52
24c. NAME OF CEMETERY OR CREMATORY: Washington Park
24d. LOCATION (City, town, or county) (State): St. Louis, Missouri

DATE REC'D BY LOCAL REG.: OCT 27 1952
REGISTRAR'S SIGNATURE: J Carl Smith MD MB3
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Atkins B ros. 3644 Finney

(Licensed Embalmer's Statement on Reverse Side)

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 John K. Cunningham

Licensed Embalmer No. 4476

P. O. Address 4223 Enright

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.