

FILED MAR 15 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7026**
Registrar's No. **2148**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 2148		
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____				
b. CITY (If outside corporate limits, write RURAL and give town(ship) OR TOWN St. Louis, Missouri		c. LENGTH OF STAY (If this place) 25 years		c. CITY OR TOWN St. Louis, Mo.		d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION 1515 North 17th. Street				e. STREET ADDRESS (If rural, give location) 1515 North 17th. Street				
3. NAME OF DECEASED (Type or Print) a. (First) IRA b. (Middle) _____ c. (Last) YATES			4. DATE OF DEATH (Month) (Day) (Year) March 6, 1954					
5. SEX <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH October 10, 1905		
9. AGE (In years last birthday) 48		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 4 HRS. Hours _____ Min. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer			10b. KIND OF BUSINESS OR INDUSTRY Fur Company		11. BIRTHPLACE (City and State or Foreign Country) MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Edward Yates			13b. MOTHER'S MAIDEN NAME Martha Haggett			14. NAME OF HUSBAND OR WIFE Ida		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Ida Yates, 1515 North 17th. St. Louis, Mo. 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Liver ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of Bones DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH 6 yrs 2 yrs	
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) _____ (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? 196X				
22. I hereby certify that I attended the deceased from Sept 14, 1953 , to March 6, 1954 , that I last saw the deceased alive on 3-6, 1954 , and that death occurred at 10:00 P. m. , from the causes and on the date stated above.								
23a. SIGNATURE U.F. Lerner (Degree or title) MD			23b. ADDRESS 1209 N. Kingshighway			23c. DATE SIGNED 3-8-54		
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 3-10-1954		24c. NAME OF CEMETERY OR CREMATORY Montgomery Cemetery		24d. LOCATION (City, town, or county) (State) Silvia, Missouri		
DATE REC'D BY LOCAL REG. MAR 8 1954		REGISTRAR'S SIGNATURE J. Carl Smith Mo.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS McLaughlin Funeral Home, Inc. 2301 Lafayette, St. Louis 4, Mo.				

WRITE PLAINLY--USING UNFADEING 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.....
Signature of Student Embalmer

Signed *James P. Chapman*.....

Licensed Embalmer No. *45*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.