

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35308**
8880
Registrar's No.

FILED OCT 24 1955

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 (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 13 yrs.		e. STREET ADDRESS (If rural, give location) 6907 Mitchell Ave.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 6907 Mitchell Ave.		4. DATE OF DEATH (Month) (Day) (Year) Oct. 9, 1955	
3. NAME OF DECEASED (Type or Print) a. (First) MABLE b. (Middle) YARD c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) Oct. 9, 1955	
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 7-22-1899
9. AGE (In years last birthday) 56		IF UNDER 1 YEAR Months 2 Days 17	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bookkeeper		10b. KIND OF BUSINESS OR INDUSTRY Textile	11. BIRTHPLACE (City and State or Foreign Country) Wisconsin
12. CITIZENSHIP OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME William Fairchild	
13b. MOTHER'S MAIDEN NAME Ada Williams		14. NAME OF HUSBAND/OR WIFE Harry Yard	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 493-20-9611	
17. INFORMANT'S SIGNATURE OR NAME Harry Yard,		ADDRESS above	
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) Coronary Occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cardio-Vascular Disease DUE TO (c) Arterial Sclerosis 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 420.1	
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?			
22. I hereby certify that I attended the deceased from 3-7-1953 , to 10-8-1955 , that I last saw the deceased alive on 10-8-1955 , and that death occurred at 1:30 P.M. , from the causes and on the date stated above.			
23a. SIGNATURE Robert P. Harris (Degree or title) M.D.		23b. ADDRESS 6826 Natural Br. Rd. St. Louis, Mo.	
23c. DATE SIGNED 10-11-55			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 10-12-1955	
24c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.	
DATE REC'D BY LOCAL REG. OCT 11 1955		25. FUNERAL DIRECTOR'S SIGNATURE JAY B. SMITH, Maplewood, Mo. ADDRESS	

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.....
Signature of Student Embalmer

Signed.....
W. P. Burgess

Licensed Embalmer No. 402

P. O. Address.....
Maplewood

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.