

FILED APR 27 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **14999**
Registrar's No. **3672**

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 Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY OR TOWN Chesterfield/ d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. LENGTH OF STAY (In this place) 4 days		e. STREET ADDRESS (If rural, give location) Conway Rd.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Baptist Hosp.			

3. NAME OF DECEASED (Type or Print) a. (First) Annie b. (Middle) B. c. (Last) Yokel			4. DATE OF DEATH (Month) (Day) (Year) April 12 1956		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	
8. DATE OF BIRTH June 20 1878		9. AGE (In years last birthday) 77		IF UNDER 1 YEAR: Months 7 Days 22 IF UNDER 24 HRS.: Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housework			10b. KIND OF BUSINESS OR INDUSTRY own home		11. BIRTHPLACE (City and State or Foreign Country) St. Louis Co., Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME Henry Yokel		13b. MOTHER'S MAIDEN NAME Sarah C. Smith		14. NAME OF HUSBAND OR WIFE never married	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Doris Andrae Chesterfield, Mo.	
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			

1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Vascular Accident		INTERVAL BETWEEN ONSET AND DEATH 1 mo.	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
11. 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 331x		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)		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 **1-2-**, 19**54**, to **4-12-**, 19**56**, that I last saw the deceased alive on **4-11-**, 19**56**, and that death occurred at **6:30 A** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Henry W. Moller M.D.		23b. ADDRESS 3720 Wesley St. Smith Co		23c. DATE SIGNED 4-12-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 4-14-56		24c. NAME OF CEMETERY OR CREMATORY Old Bonhomme Cemetery	
24d. LOCATION (City, town, or county) (State) Conway & White Rds		ST. LOUIS CO., MO.			

DATE REC'D BY LOCAL REG. APR 12 1956		REGISTRAR'S SIGNATURE J. Earl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Schrader Funeral Home	
				ADDRESS Ballwin, Mo	

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 *Richard Bopp*.....

Licensed Embalmer No. *454*.....

P. O. Address *Bullwin, Va.*.....

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.