

FILED SEP 4 1957

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

7897

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, give TOWNSHIP only) OR TOWN St. Louis,		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Louis,	
c. FULL NAME OF (IF NOT IN hospital, give location) HOSPITAL OR INSTITUTION St. Louis City Hospital		Length of stay in 1b		d. STREET ADDRESS (If outside, give location) 237 1725 Mississippi	
3. NAME OF DECEASED (Type or print) First Robert Middle Eugene Last Yates			4. DATE OF DEATH Month August Day 20, Year 1957		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH April 17, 1957	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months 4 Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None Infant		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (City and state or country) St. Louis, Missouri.	
13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME Jo Ann Yates		14. NAME OF HUSBAND OR WIFE Nil.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, no, or unknown) (If yes, give war or dates of service) No. Nil.		16. SOCIAL SECURITY NO. None		17. INFORMANT Address Jo Ann Yates, 1725 Mississippi, Ave.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Suffocation, secondary to Thyroid Tumor. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO-(b) 239K DUE TO (c)					INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I. (a)					19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Suffered while being fed, and suffering from throat ailment			
20c. TIME OF INJURY Hour _____ Month, Day, Year a.m. _____ p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 23 Home		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at 1205 m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Joseph M. Quinn, M.D. (Degree of M.D.)			22b. ADDRESS 1300 Clark		22c. DATE SIGNED 8/23/57
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 8-22-57	23c. NAME OF CEMETERY OR CREMATORY Ellington Memorial		23d. LOCATION (City, town, or county) (State) Ellington, Missouri.
24. FUNERAL DIRECTOR ADDRESS Albert H. Hoppe 4700 Washington,			25. DATE RECD. BY LOCAL REG. AUG 23 '57		26. REGISTRAR'S SIGNATURE J. Carl Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *J. M. Bunkley*
Licensed Embalmer No. *3653*
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.