

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-023560

STATE FILE NUMBER

FILED JUN 18 1959 Registration District No. Primary Registration District No. Registrar's No. 5474

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) a. STATE <i>Mo</i> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St. Louis</i>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>St. Louis</i> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
3. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Boa City Shop</i>		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) <i>2119 Clark</i> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <i>Robert</i> Middle <i>Charles</i> Last <i>Yates</i>		4. DATE OF DEATH Month <i>June</i> Day <i>4</i> Year <i>1959</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>Negro</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>10 Oct. 1924</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>laborer</i>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <i>Earle Ark</i>
13. FATHER'S NAME <i>R. C. Yates</i>		14. MOTHER'S MAIDEN NAME <i>Mattie Lue Golden</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <i>yes World War II</i>		16. SOCIAL SECURITY NO. <i>431 30 6156</i>	17. INFORMANT <i>Lillie Mae Carnack 3110 Easton</i> Address
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Terporation of Heart by Fractured Rib</i> DUE TO (b) <i>Fractured Neck</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) <i>8300 25</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <i>Suffered when run over by truck operated by one Joseph Spears, at dump at 635 Juddridge Street, about 150 feet, June 4th</i>			INTERVAL BETWEEN ONSET AND DEATH
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(a) or Part II(a) if items 18)	
20c. TIME OF INJURY Hour <i>150</i> Month <i>6</i> Day <i>4</i> Year <i>1959</i> p. m.		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <i>at 4 Juddridge</i>	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION <i>St. Louis Mo.</i> COUNTY STATE	
21. I attended the deceased from <i>230 Clark</i> to _____ and last saw her/him alive on _____ Death occurred at _____ on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Reginald J. Carter</i> (Degree or title)		22b. ADDRESS <i>1300 Clark</i>	22c. DATE SIGNED <i>6/5/59</i>
23a. BURIAL, CREMATION, REMOVAL (S, P, or R)	23b. DATE <i>10 June 59</i>	23c. NAME OF CEMETERY OR PREPARATORY <i>National Cemetery</i>	23d. LOCATION (City, town, or county) (State) <i>St. Louis Co. Mo.</i>
24. FUNERAL DIRECTOR <i>Reliable Funeral Sys. 1389 N. Union</i>		25. DATE RECD. BY LOCAL REG. <i>JUN 8 '59</i>	26. REGISTRAR'S SIGNATURE <i>Earl Smith, M.D.</i>

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare, Public Service

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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

MAR 10 1961

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.....

John R. Cunningham

Licensed Embalmer No.....

P. O. Address..... 2405 00

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.