URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS NOV 17 1960

NDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10837 -60-044423 STATE FILE NUMBER

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: DOA De Paul Hospital
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: St. Louis
c. CITY OR TOWN: Moline Acres
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 9852 Omega
Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: Earl Middle: O. Last: Yeomans
4. DATE OF DEATH: Month: 11 Day: 8 Year: 1960
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 1/24/99
9. AGE (last birthday): 61
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HR: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): District Manager
10b. KIND OF BUSINESS OR INDUSTRY: Hartford Fire Ins.
11. BIRTHPLACE (City and state or country): New Haven, Conn.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Fred Yeomans
13b. MOTHER'S MAIDEN NAME: Martha Steinmetz
14. NAME OF HUSBAND OR WIFE: Marcia Yeomans
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): W W I
16. SOCIAL SECURITY NO.: 047-09-6756
17. INFORMANT: Harold R. Yeomans, 9852 Omega

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Acute myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 15 min
DUE TO (b) Arteriosclerotic coronary disease — not known
DUE TO (c) 420.1
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Essential hypertension
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from JUNE 6, 1957, to NOV. 8, 1960 and last saw her/him alive on SEPT. 16, 1960
Death occurred at 8 00 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Theodore J. Ripp, Jr., M.D.
22b. ADDRESS: 9311 Dunkle Dr. St Louis 37, Mo.
22c. DATE SIGNED: 11/9/60.

23a. BURIAL, CREMATION, REMOVAL (Specify): removal
23b. DATE: 11/10/60
23c. NAME OF CEMETERY OR CREMATORY: Memorial Park Cemetery
23d. LOCATION (City, town, or county) (State): St. Louis County Mo.

24. FUNERAL DIRECTOR: Drehmann-Harral
ADDRESS: 1905 Union Blvd.
25. DATE RECD. BY LOCAL REG.: NOV 10 1960
26. REGISTRAR'S SIGNATURE: Earl Smith, M.D.

DOCUMENT

BY AFFIDAVIT OF

Dr. Theodore J. Repp Jr.
9311 Duenke Dr.
Un 8-3800
Hrs. 10-1 & 2-5 Wed.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Warren A. Carv

Licensed Embalmer No. 353

P. O. Address_____

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