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| 1. PLACE OF DEATH<br>a. COUNTY  |                           | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE Mo. b. COUNTY   |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN St. Louis                                    |                           | c. CITY OR TOWN St. Louis   |  |
| Length of stay in 1b  |                           | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>  |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION Lutheran Hospital                  |                           | d. STREET ADDRESS (If outside, give location)<br>3724 Texas   |  |
| Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>  |                           | Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>   |  |
| 3. NAME OF DECEASED (Type or print)<br>First Middle Last<br>WILLIAM H YUCHS                                       |                           |   | 4. DATE OF DEATH<br>Month Day Year<br>November 19 1960       |
| 5. SEX<br>male  | 6. COLOR OR RACE<br>white | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br>9/12/1881                                |
| 9. AGE (last birthday)<br>79  |                           | IF UNDER 1 YEAR<br>Months Days  | IF UNDER 24 HR<br>Hours Min.                                 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>retired            |                           | 10b. KIND OF BUSINESS OR INDUSTRY   | 11. BIRTHPLACE (City and state or country)<br>St. Louis, Mo. |
| 12. CITIZEN OF WHAT COUNTRY<br>USA  |                           | 13a. FATHER'S NAME<br>not known   |  |
| 13b. MOTHER'S MAIDEN NAME<br>not known  |                           | 14. NAME OF HUSBAND OR WIFE<br>Bertha   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br>no |                           | 16. SOCIAL SECURITY NO.   | 17. INFORMANT<br>Wilbert Yuchs                               |
| Address<br>3724 Texas   |                           |   |  |

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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Cerebro-vascular accident - base of brain</u> |  | INTERVAL BETWEEN ONSET AND DEATH   |
| DUE TO (b) <u>Hypertensive Cardio-vascular disease</u>   |  |  |
| DUE TO (c) <u>Generalized Arteriosclerosis</u>   |  |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><u>Uremia</u> <u>Serulity</u>               |  | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |

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| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input 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.)<br>443x |
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|--|--|--|--|
| 20c. TIME OF INJURY<br>Hour a.m. p.m.<br>Month, Day, Year  | 20d. INJURY OCCURRED WHILE AT WORK <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.) | 20f. CITY, TOWN, OR LOCATION<br>COUNTY STATE |
| 21. I attended the deceased from <u>1952</u> to <u>Nov. 20, 1960</u> and last saw her/him alive on <u>Nov. 19, 1960</u><br>Death occurred at <u>2 P</u> m on the date stated above, and to the best of my knowledge, from the causes stated. |  |  |  |

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| 22a. SIGNATURE<br><u>Charles G. Obermayer, M.D.</u> (Degree or title) | 22b. ADDRESS<br><u>4401 Hampton</u> | 22c. DATE SIGNED<br><u>11/21/60</u>                      |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br>removal                  | 23b. DATE<br>11/22/1960             | 23c. NAME OF CEMETERY OR CREMATORY<br>Sunset Burial Park |
| 23d. LOCATION (City, town, or county)<br>Affton, Mo.                  |                                     | (State)  |

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| 24. FUNERAL DIRECTOR<br>John L Ziegenhein & Sons | ADDRESS<br>7027 Gravois | 25. DATE RECD. BY LOCAL REG.<br>NOV 21 1960 | 26. REGISTRAR'S SIGNATURE<br><u>Loan Smith, M.D.</u> |
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Donald Benz

Licensed Embalmer No. 486

P. O. Address St Louis

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