

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

3740  
Do not use this space.

REC'D FEB 27 1939

1. PLACE OF DEATH  
 (a) County St. Gen Registration District No. 780  
 (b) Township St. Gen Primary Registration District No. 4466 Registered No. 4  
 (c) City St. Genevieve (d) Street No. \_\_\_\_\_ St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME ANDREW YEAGER  
 (a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOWED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ELIZABETH HUNT

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) SEPT 7 1856

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>82</u>	<u>4</u>	<u>23</u>	

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. FARMER  
 9. Industry or business in which work was done, as saw mill, bank, etc. \_\_\_\_\_  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ST. GENEVIEVE, MO MISSOURI

FATHER 13. NAME AMOS YEAGER  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) JACKSON, OHIO

MOTHER 15. MAIDEN NAME ANNA SILVEY  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) JACKSON, OHIO

17. INFORMANT (ADDRESS) Mr Phillip E. Dymann St. Genevieve Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE PARK VIEW CEMETERY Ph 1 29 FARMINGTON, MO DATE \_\_\_\_\_ 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Leo E. Basler St. Genevieve Mo

20. FILED Jan 31 1939 T. W. Douglas Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 30 1939

22. I HEREBY CERTIFY That I attended deceased from May 1938, to Jan 30 1939  
 I last saw him alive on Jan 21 1939 Death is said to have occurred on the date stated above, at 10:15 a.m.  
 The principal cause of death and related causes of importance were as follows:  
Cerebral Haemorrhage 1 month  
acute cardiac  
degeneration of J.W.I.

Other contributory causes of importance:  
Arterio Sclerosis 5 yrs  
Arterial Hypertension 5 yrs

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? Symptoms Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? 6 (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) St Genevieve Mo M. D.  
 (Address) 706

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

**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, .....

*Leo C. Bacher*

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed.....

*Leo C. Bacher*

Licensed Embalmer No. *1985*

P. O. Address *St. Maurice Mo*

**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 this body is not embalmed, above space should be left blank.**