

REC'D APR 8 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

12008

Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis
 (b) Township Clayton
 (c) City Clayton

Registration District No. 784Primary Registration District No. 121(d) Street No. St. Louis County HospitalRegistered No. 478

(e) Length of residence in city or town where death occurred

(If death occurred in Hospital or Institution, write its name instead of street and number)

(f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME John Yeargain(a) Residence, No. 2835 Glendale, Jennings Mo. St. ☐

(Usual place of abode, if no street address, write county or city)

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

single

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

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

12/10/1916

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

2133

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.

Nil.

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)

Mo.

FATHER

13. NAME James P. Yeargain

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Mo.

MOTHER

15. MAIDEN NAME Lulu Chartrou

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Mo.

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE Farmington, Mo. DATE Mar. 16, 1938

19. FUNERAL DIRECTOR (ADDRESS)

Clark Jas. St.

20. FILED

3741938Dr. Meyer M. D. P. W.

Local Registrar

MEDICAL CERTIFICATE OF DEATH

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

3/13/3822. I HEREBY CERTIFY That I attended deceased from 2/21/38 to 3/13/38I last saw him alive on 3/13/38 at 2:15 P.M. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Murder
Generalized Angiocarditis

Other contributory causes of importance:

Acute B. P. Hyp.

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? Yes

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?..... (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? No

If so, specify.....

(Signed) R. B. Palmer, M. D.(Address) St. Louis County Hospital

(Signed Embalmer's Statement on Reverse Side)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

MO. V. 1 X12004 304-7 1-37

154-

STATEMENT BY LICENSED EMBALMER

I, Jas. W. Clark, Licensed Embalmer No. 1661
me
hereby certify that the body recorded on the reverse side of this certificate was embalmed by

L. E. _____
No. _____ or by _____
working under my personal supervision.

Signed Jas. W. Clark, Registered Apprentice No. _____
Licensed Embalmer No. 1661

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.)

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.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

12008
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 784
(b) Township Clayton Primary Registration District No. 101
(c) City Clayton (d) Street No. _____
(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

(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 m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED 8 (write the word)

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
21 3 3

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
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)

13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____, 19__

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 3-14 38 TR Maynard Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-13, 1938

22. I HEREBY CERTIFY, That I attended deceased from 19__ to 19__

I last saw him alive on _____, 19__ Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Infantile
English disease 131
Ch. Hepatitis
Other contributory causes of importance:
Ch. Osteomyelitis R. Hip
Date of onset 3-2-38
1-38
12-1-37
1922

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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? _____ (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) B. J. Robinson, M. D.
(Address) St. Louis Co. Hosp
K. C. Mo.

