

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

Do not use this space.

FEB 27 1934

**1. PLACE OF DEATH**

County.....  
Township.....  
City **St. Louis**

Registration District No. **791**  
Primary Registration District No. **1003**  
(No. **2431a**, Lemp

File No. **2528**  
Registered No. **112**  
St. .... Ward)

**2. FULL NAME JOHN F. YEAGER**

(a) Residence, No. **2431a Lemp** St. **23** Ward.

Length of residence in city or town where death occurred **32** yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF **Sarah Yeager**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **September 8-1857**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
**76 3 24**

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Union Electric**

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) **Ohio**

13. NAME **Phillip Yeager**

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

15. MAIDEN NAME **Louise Roswell**

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

17. INFORMANT (ADDRESS) **Mrs Sarah Yeager 2431a Lemp St**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Western Mo** DATE **Jan 6 1934**

19. UNDERTAKER (ADDRESS) **J. H. Bredeck**

20. FILED 19 **31** Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **January 2 1934**

22. I HEREBY CERTIFY, That I attended deceased from **11/20** 19**33**, to **1/2** 19**34**. I last saw h. **un** alive on **1/2** 19**34**. Death is said to have occurred on the date stated above, at **11:35p.m.**

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

**Carcinoma out yellow right tassel & inner surface chest**  
**Primarily in right tassel**

Other contributory causes of importance **45E**

Name of operation **45** 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 .....

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) **John I. Ed Harris** (Address) **3608 Harris**, M. D.

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

*Jan 30 1934*  
ALL INFORMATION CALLED  
FOR MUST BE WRITTEN ON  
THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County.....  
Township.....  
City *St. Louis* (No..... St..... Ward)

Registration District No. *791*  
Primary Registration District No. *1003*

File No.....  
Registered No. *112*

**2. FULL NAME**

(a) Residence, No. *John F Yeager* St..... Ward.....

(Usual place of abode)  
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

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

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.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.....  
9. Industry or business in which work was done, as silk mill, 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. UNDERTAKER (ADDRESS)

20. FILED *1-2-1934* *J. J. Bredek* Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *1-2-1934*

22. I HEREBY CERTIFY, That I attended deceased from ..... 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:

Other contributory causes of importance:  
Date of onset

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)....., M. D.  
(Address).....

**SUPPLEMENTARY**

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

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