

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.

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MAR 28 1935

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

Do not use this space.

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1. PLACE OF DEATH

County St Louis Co Registration District No. 790 File No. _____
Township Central Primary Registration District No. 60839A Registered No. 587
City Clayton (No. St Louis County Hospital St. _____ Ward _____)

2. FULL NAME

(a) Residence, No. _____ (Usual place of abode) _____ (If nonresident, give city or town and State)
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.

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) 1-12-35

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min. 25

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nil
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) Cleveland St Louis Co.

13. NAME Joseph York

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mt. Vernon Ill.

15. MAIDEN NAME Luella Lovell

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

17. INFORMANT (ADDRESS) J. L. York Royal Ave Overland

18. BURIAL, CREMATION, OR REMOVAL PLACE New Haven, Ill. DATE 2-7-35

19. UNDERTAKER (ADDRESS) Bannan Bros Inc 2504 Woodson Rd - Overland Mo

20. FILED 2/6 195 Robt J. Underwies Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-5-35 1935

22. HEREBY CERTIFY, That I attended deceased from 1-2-35, 1935, to 2-5-35, 1935

I last saw h. live alive on 2-5-35, 1935 Death is said to have occurred on the date stated above, at 8 A.m.

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

Prematurity
Malnutrition

Other contributory causes of importance: _____

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) Ed J. Sharp, M. D.

(Address) St Louis Co Hosp Clayton

