

OCT 26 1937 MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

35247
Do not use this space.

1. PLACE OF DEATH
(a) County St. Louis Registration District No. 789
(b) Township Central Primary Registration District No. 6033
(c) City St. Louis (d) Street No. Rt. 2 Box 492 Clayton Mo. Registered No. 252
(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 Iva York
(a) Residence, No. Walton Rd. Rt. 2 Box 492 Clayton (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William Henry York
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 13, 1887
7. AGE YEARS 50 MONTHS 5 DAYS 20 If LESS than 1 day, hrs. or min.
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. at home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Hickman
(STATE OR COUNTRY) Kentucky

13. NAME Clark Butler
14. BIRTHPLACE (CITY OR TOWN) Tenn.
(STATE OR COUNTRY)

15. MAIDEN NAME Mary Emma Woods
16. BIRTHPLACE (CITY OR TOWN) Henry County
(STATE OR COUNTRY) Kentucky

17. INFORMANT Wm. Henry York
(ADDRESS) Rt. 2 Clayton Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Poplar Bluff Mo. DATE 9/6/37

19. FUNERAL DIRECTOR Allen W. McLaughlin
(ADDRESS) 2301 Lafayette Ave.

20. FILED 9-4-37 Ada Backner
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 3 - 1937
22. I HEREBY CERTIFY, That I attended deceased from April 11 to Sept 3, 1937, to Sept 3, 1937
I last saw her alive on Sept 2, 1937. Death is said to have occurred on the date stated above, at 10:15 p.m.
The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis
Approximately
20

Date of onset: March 1937

Other contributory causes of importance: None

Name of operation Date of
What test confirmed diagnosis? clinical Was there an autopsy? no

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) O. H. Freitag, M. D.
(Address) 6323 Poplar Ave.
St. Louis Mo

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.

1 X12004

STATEMENT BY LICENSED EMBALMER

I, L. R. Cooper, Licensed Embalmer No. 3653

hereby certify that the body recorded on the reverse side of this certificate was embalmed by L. R. Cooper

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed L. R. Cooper

Licensed Embalmer No. 3633

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.)