

No. 2
-13-40
17-39
X23159

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **5219**

1. PLACE OF DEATH:

(a) County.....
(b) City or town **St. Louis, Mo.,**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1917 Wyoming St., /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community **Life.**
years, months or days)

3. (a) PRINT FULL NAME **Shelby Otto York Jr.**

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex **Male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **Single**

6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased **March 7th, 1931**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
10 3 17 hr. min.

9. Birthplace **St. Louis Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **at home**

11. Industry or business.....

12. Name **Shelby Otto York Sr.**

13. Birthplace **Brandon Mo.**
(City, town, or county) (State or foreign country)

14. Maiden name **Ruby Brandon**
15. Birthplace **Arkansas /**
(City, town, or county) (State or foreign country)

16. (a) Informant **Ruby York**
(b) Address **1917 Wyoming**

17. (a) **Burial** (b) Date thereof **6/26/41**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **New St. Marcus Cem.**

18. (a) Signature of funeral director **John Ziegenfuss**
(b) Address **7027 Gravois Ave.**

19. (a) **JUN 25 1941** (b) **J. F. Budech**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **000**
(c) City or town **St. Louis** **1724**
(If outside city or town limits, write "RURAL")
(d) Street No. **1917 Wyoming St.,**
(If rural, give location)
(e) If foreign born, how long in U. S. A. **Life.** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **24th**
year **1941** hour **12** minute **20 P.** M.

21. I hereby certify that I attended the deceased from **8. 3. 40**
to **June 24**, 19 **41**
that I last saw him alive on **June 23**, 19 **41**
and that death occurred on the date and hour stated above.

Immediate cause of death **Mitral Insufficiency** Duration **10 mo**

Due to **Cordiac Dilatation**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **92**
Of autopsy **92**

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....
(b) Date of occurrence.....
(c) Where did injury occur?.....
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?.....

While at work (Specify type of place) (e) Means of injury **Car**

23. Signature **Otto I. Walser** (M. D. or other)
Address **1904 Park Ave** Date signed **6/26/41**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

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, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No. 3877

P. O. Address 7027 Graven

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, fact should be so stated above.