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

DEPARTMENT OF COMMERCE
Bureau of the Census

FILED SEP 17 1941

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 26667

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 6459

**1. PLACE OF DEATH:**
(a) County
(b) City or town St. Louis Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: BARNES HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 0 (Specify whether years, months or days)
In this community

**2. USUAL RESIDENCE OF DECEASED:**
(a) State Illinois (b) County
(c) City or town Taylorville
(If outside city or town limits, write "RURAL")
(d) Street No. 308 S. Cherokee
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 2 years.

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3. (a) PRINT FULL NAME WALTER YORK
3. (b) If veteran, name war none
3. (c) Social Security No. 344-07-8926
4. Sex Male 0
5. Color or race white
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Maude York
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Jan. 11, 1883 (Month) (Day) (Year)

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 58 | 6 | 25 | hr. min. |

9. Birthplace Ill. (City, town, or county) (State or foreign country)
10. Usual occupation Coal Miner
11. Industry or business Peabody Coal Co. #58

MOTHER FATHER
12. Name Robert York
13. Birthplace TENN. (City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Masle
15. Birthplace Illinois (City, town, or county) (State or foreign country)

16. (a) Informant Ruby Thayer
(b) Address 5422 Emmerson Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 8, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Blairsville Ill.
18. (a) Signature of funeral director Grant Undeco.
(b) Address 3710 N. Grand Blvd.
19. (a) AUG 7 1941 (Date received by registrar) J. F. Bredick (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month 6 day August year 1941 hour 11 minute 30 A. M.
21. I hereby certify that I attended the deceased from ....., 19..., to ....., 19...; that I last saw h... alive on ....., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Peritonitis, Bronchopneumonia — Duration 2 days
Due to Intestinal obstruction, cause unknown
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

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

23. Signature H. Bradley (M. D. or other) M.D.
Address BARNES HOSPITAL Date signed

(Licensed Embalmer's Statement on Reverse Side)

## 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 Earl B. Turnock, Registered Apprentice No. 289 working under my personal supervision.

Signed Robert L. Erickson

Licensed Embalmer No. 3553

P. O. Address 3710 N Grand A

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**