U. S. No. 2
OM—9-4-41
Rev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

9438

State File No. 2564

FILED APR 8 1942

Registration District No. 1791 Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
4104a Ashland Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DEECEASED:

(a) State Missouri (b) County 10 000 17 9

(c) City or town St. Louis.
(If outside city or town limits, write "RURAL")

(d) Street No. 4104a Ashland Ave.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Charles Yorg

3. (b) If veteran, name war No.

3. (c) Social Security No. 488-05-7384

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Lottie Yorg

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased July 16 1877 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
64	8	4	hr. min.

9. Birthplace St. Louis, Missouri. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Candymaker.

11. Industry or business Switzer Candy Co.

FATHER
12. Name Casper Yorg.
13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown.
15. Birthplace Unknown. 9
(City, town, or county) (State or foreign country)

16. (a) Informant Lottie Yorg 1
(b) Address 4104a Ashland Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-23-42 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cem.

18. (a) Signature of funeral director Hy. Leidner Und. Co.
(b) Address 2223 St. Louis Ave.

19. (a) MAR 22 1942 (Date received local registrar) (b) J. F. Bredell (Registrar's signature)

844 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 20
year 1942 hour 5:15 P.M. minute M.

21. I hereby certify that I attended the deceased from May 5, 1939, to March 20, 1942, that I last saw him alive on March 20, 1942, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Metastatic Carcinoma	6 wks
Due to: Carcinoma Colon	3 yrs
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: Resection & Anterostomy 3 years ago 6/5/39.	
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? 0
While at work? (Specify type of place) (e) Means of injury

23. Signature [illegible] (M. D. or other) M.D.
Address 2202 Lucas Date signed 3/24/42

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 John P. Buchholz

Licensed Embalmer No. 1674

P. O. Address 2223 St Louis Ave

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.