

REG AUG 14 1942

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 6499

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

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:  
Homer G. Phillips Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 18 days  
(Specify whether  
In this community 8 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
(c) City or town St. Louis,  
(If outside city or town limits, write "RURAL")  
(d) Street No. 820 S. 10th St.  
(If rural, give location)  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME Henry York

3. (b) If veteran, name war World War #1 3. (c) Social Security N495-12-4378

4. Sex Male 2 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Jucile York 6. (c) Age of husband or wife if alive 21 years  
7. Birth date of deceased April 11 1894  
(Month) (Day) (Year)

8. AGE: 48 Years 3 Months 8 Days If less than one day  
hr. min.

9. Birthplace Mobile Alabama  
(City, town, or county) (State or foreign country)

10. Usual occupation Insurance Supervisor

11. Industry or business Life Insurance

MOTHER FATHER { 12. Name Henry J. York  
13. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Traville York  
(b) Address 9200 50th St.

17. (a) Burial Date thereof Aug 3, 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Nat. Cemetery Jeff Barr, Mo.

18. (a) Signature of funeral director Jucile Thomas

(b) Address 2734 Sherwood Drive Mo

19. (a) AUG 1 1942 Registrar's signature J. J. Braddock  
(Date from local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 29,  
year 1942 hour 1 minute 25 P. M.

21. I hereby certify that I attended the deceased from July 11, 19 42 to July 29, 19 42  
that I last saw h. in alive on July 29, 19 42  
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive Heart Disease with De-compensation  
Duration Unk.

Due to 95  
Due to 95

Other conditions (Include pregnancy within 3 months of death) 95

Major findings: Of operations 95  
Of autopsy 95

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 0

23. Signature S. E. Smith (M. D. or other) 0  
Address 2601 W. 10th St. Date signed 7/30/42

