

STANDARD CERTIFICATE OF DEATH

State File No. _____

APR 19 1943
Registration District No. _____

Primary Registration District No. _____

1003

Registrar's No. 3287

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:
7125 MICHIGAN-1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County _____
(c) City or town ST. LOUIS.
(If outside city or town limits, write "RURAL")
(d) Street No. 7125 MICHIGAN-
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME JOHN. K. YORE

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

4. Sex MALE 5. Color of race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife ALYZA 6. (c) Age of husband or wife if alive 79 years

7. Birth date of deceased Oct. 8, 1864
(Month) (Day) (Year)

8. AGE: Years 78 Months 5 Days 28 If less than one day _____ hr. _____ min.

9. Birthplace ST. LOUIS MO. U
(City, town, or county) (State or foreign country)

10. Usual occupation SALES MAN - RETIRED

11. Industry or business PRINTING.

12. Name JOHN. K. YORE

13. Birthplace MASSACHUSETTS VA. 1
(City, town, or county) (State or foreign country)

14. Maiden name MARGARET WALSH.

15. Birthplace ST. LOUIS. MO. U
(City, town, or county) (State or foreign country)

16. (a) Informant ALYZA YORE

(b) Address 7125 MICHIGAN-

17. (a) BURIAL (b) Date thereof APR 9-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY CEM.

18. (a) Signature of funeral director J. F. Bredeck

(b) Address 7125 Michigan

19. (a) APR 7 1943 (b) J. F. Bredeck
(Date received local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 6
year 1943 hour 3 minute 25 A. M.

21. I hereby certify that I attended the deceased from 2-7-43
_____ 19____ to 4-6 1943
that I last saw him alive on 4-5-43 19____
and that death occurred on the date and hour stated above.

Immediate cause of death
Chronic myocarditis
apoplexy (cerebral)
Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) 92

Major findings: Of operations _____
Of autopsy _____

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? _____

23. Signature Charles Chers (M. D. or other) M. D.
Address 2602 S Broadway Date signed 4-6-43

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

E. H. ...

DEC 29 1949

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 Harry J. Schumacher

Licensed Embalmer No. 2659

P. O. Address: 732 Remondway

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.