

FILED JUL 3 1945

Registration District No. 317

Primary Registration District No. 3068

Registrar's No. 909

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Kirkwood Rural  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
1039 Barbary Lane!  
(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 St. Louis

(c) City or town Kirkwood  
(If outside city or town limits, write "RURAL")

(d) Street No. 1039 Barbary Lane!  
(If rural, give location)

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

3. (a) PRINT FULL NAME Thomas Jefferson York

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 24  
year 1945 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from June 3  
1945 to June 23 1945  
that I last saw him alive on June 23 1945  
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Augusta York

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased: March 16 - 1868  
(Month) (Day) (Year)

Immediate cause of death: Chronic Myocarditis

Duration \_\_\_\_\_

8. AGE: Years 77 Months 3 Days 18  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to 93 &

Due to \_\_\_\_\_

9. Birthplace: Ill. - 1  
(City, wd. or county) (State or foreign country)

Other conditions Varicose ulcers  
(Include pregnancy within 3 months of death)

10. Usual occupation Retired

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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

MOTHER FATHER

11. Industry or business \_\_\_\_\_

12. Name Shepherd York

13. Birthplace Ill. - 1  
(City, town, or county) (State or foreign country)

14. Maiden name Malenda York

15. Birthplace Ill. - 1  
(City, town, or county) (State or foreign country)

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? \_\_\_\_\_

16. (a) Informant Mrs. Augusta York

(b) Address 1039 Barbary Kirkwood

17. (a) Burial (b) Date thereof 6-26-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cal. Hill Clay

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

23. Signature Royal C. York (M.D. or other) \_\_\_\_\_  
Address Kirkwood Mo Date signed 6-25-45

18. (a) Signature of funeral director Louis H. Bopp

(b) Address Kirkwood Mo

19. (c) D. E. McManis  
(Date received local certificate) (Registrar's signature)

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

**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.....

*Jan M. Simon*

Licensed Embalmer No.....

*4343*

P. O. Address.....

*2415 Zephyr Pl  
Maplewood, N*

**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.**