S. No. 2
DM—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 36043

FILED DEC 18 1945

Registration District No. 818

Primary Registration District No. 1003

Registrar's No. 10200

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: City Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Mo.-11 Days (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

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

(d) Street No. 1508 Lafayette Ave.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

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3. (a) PRINT FULL NAME EMERY YORK

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

3. (c) Social Security No. 497-16-2498

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Alice

6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased June (Month) 20 (Day) 1900 (Year)

8. AGE: Years 45 | Months 5 | Days 5 | If less than one day hr. min.

9. Birthplace McLeansboro (City, town, or county) Illinois (State or foreign country)

10. Usual occupation Exray Technician

11. Industry or business

FATHER
12. Name William P. York
13. Birthplace (City, town, or county) Unknown (State or foreign country)

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

16. (a) Informant Alice York
(b) Address 1508 Lafayette Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 28, 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Carmel Cemetery Edgemont, Illinois.

18. (a) Signature of funeral director Wacker-Heldorl
(b) Address 3634 Gravois Ave.

19. (a) NOV 26 1945 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 25 year 1945 hour 4 minute 14 A.M.

21. I hereby certify that I attended the deceased from Oct. 14 1945, 19 to Nov. 25. 1945, 19; that I last saw him alive on Nov 25. 1945, 19; and that death occurred on the date and hour stated above.

Immediate cause of death Brain tumor Astroblastoma

Due to

Due to

54

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations Same
Of autopsy None

Duration: sev. mos

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 McHara (M. D. or other)
Address 1515 Lafayette Ave. 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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed.....

Licensed Embalmer No. 2675

P. O. Address St Louis Mo

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.