

S. No. 2
M-8-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22800

State File No. _____

FILED JUN 30 1947
318

Registrar's No. 5901

Registration District No. _____ Primary Registration District No. 1003

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:
3332 N. 14th St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ ? _____ (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County oco
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 3332 N. 14th St. 910
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Amos Yordt
3. (b) If veteran, name war No 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 17th
year 1947 hour 4:00 minute 6 07A. M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race Whit 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Cora Yordt 6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased December 8, 1879.
(Month) (Day) (Year)

Immediate cause of death _____
Coronary Occlusion
Coronary Sclerosis
Due to _____
Due to _____

8. AGE: Years Months Days If less than one day
67 6 9 _____ hr. _____ min.

Other conditions (Include pregnancy within 3 months of death) 94th
Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

9. Birthplace Denmark (City, town, or county) (State or foreign country)
10. Usual occupation Nightwatchman
11. Industry or business Bedding
12. Name Amos August Yordt
13. Birthplace Denmark (City, town, or county) (State or foreign country)
14. Maiden name Marie Friedensberg
15. Birthplace Denmark (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Cora Yordt
(b) Address 3332 N. 14th St.
17. (a) Burial (b) Date thereof June 19, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation New Bethlehem Cemetery
18. (a) Signature of funeral director Calvin F. Feutz
(b) Address 4828 Natural Bridge Blvd.
JUN 17 1947 (c) J. F. Brebeck
(Date received local registrar) (Registrar's signature)

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) (c) Means of injury 3
23. Signature Thomas P. Callahan (M.D. or other) _____
Address Cowan Date signed 6-17-47

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

MOTHER FATHER

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..... *Ralph C. Linder*.....
Licensed Embalmer No. *4275*.....
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.