

FILED MAR 5 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 1619

6856

Registrar's No. \_\_\_\_\_

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>	
1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St Louis</b>		c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <del>St Louis</del> <b>Doniphan</b>		91
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Missouri Baptist</b>			d. STREET ADDRESS (If rural, give location)		0
3. NAME OF DECEASED (Type or Print)			a. (First) <b>EVA</b>	b. (Middle)	c. (Last) <b>YORK</b>
4. DATE OF DEATH			(Month)	(Day)	(Year)
5. SEX <b>Female</b>			6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>5-16-1874</b>
9. AGE (In years last birthday)			IF UNDER 1 YEAR	IF UNDER 1 YEAR	IF UNDER 1 YEAR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housework</b>			10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Ober Indiana</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>Unknown Fike</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>George York</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <b>George York Doniphan</b>		ADDRESS <b>Mo</b>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary infarction</b>			INTERVAL BETWEEN ONSET AND DEATH <b>2/11/49</b>		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			DUE TO (b) <b>Chronic Myocarditis</b>		
			DUE TO (c) <b>920</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<b>4/10/1</b>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <b>Feb 11</b> , 19 <b>49</b> to <b>Feb 17</b> , 19 <b>49</b> , that I last saw the deceased alive on <b>Feb 11</b> , 19 <b>49</b> , and that death occurred at <b>8:03 P m.</b> , from the causes and on the date stated above.					
23a. SIGNATURE <b>W A Brown M.D.</b>		(Degree or title)	23b. ADDRESS <b>3903 Glen</b>		23c. DATE SIGNED <b>2/18/49</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>2-18-1949</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Doniphan</b>	24d. LOCATION (City, town, or county) (State) <b>Mo</b>	
DATE REC'D BY LOCAL REG. <b>FEB 21 1949</b>		REGISTRAR'S SIGNATURE <b>J B Foster</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Rowland Mortuary Service</b>	
				ADDRESS <b>4104 Manchester Ave.</b>	

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

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**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

*J. Allen Davis Jr.*

Signed.....  
Student Embalmer

Licensed Embalmer No. 4953

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.