

FILED OCT 27 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

318

1003

State File No.

35723

8846

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| BIRTH NO. _____ | | REG. DIST. NO. _____ | | PRIMARY REG. DIST. NO. _____ | | Registrar's No. _____ | |
| 1. PLACE OF DEATH a. COUNTY _____ | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Mo.</u> b. COUNTY _____ | | | |
| b. CITY (If outside corporate limits, write RURAL and give town) <u>St. Louis</u> | | c. LENGTH OF STAY (in this place) <u>4</u> <u>Life</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u> | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Ann's Home - 5301 Page Pl.</u> | | | | d. STREET ADDRESS (If rural, give location) <u>3833 West Pine Blvd.</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Mollie L. Yore</u> | | | b. (Middle) _____ | | c. (Last) _____ | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 12, 1949</u> |
| 5. SEX <u>F.</u> | 6. COLOR OR RACE <u>W.</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>S.</u> | | 8. DATE OF BIRTH <u>Feb. 18, 1862</u> | 9. AGE (In years last birthday) <u>87</u> | IF UNDER 1 YEAR Months <u>7</u> Days <u>24</u> | IF UNDER 6 HRS. Hours _____ Min. _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home</u> | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | | 11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>0</u> | |
| 13a. FATHER'S NAME. <u>John E. Yore</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Margaret Walsh</u> | | 14. NAME OF HUSBAND OR WIFE _____ | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> | | 16. SOCIAL SECURITY NO. (If yes, give war or dates of service) _____ | | 17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Winthrop J. Yore, 7123a Michigan Ave.</u> | | ADDRESS _____ | |
| 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, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Arteriosclerosis</u> ANTECEDENT CAUSES <u>Cardiovascular disease with Hypertension</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u> | | | | INTERVAL BETWEEN ONSET AND DEATH <u>1 yr</u> <u>10 yrs +</u> | |
| 19a. DATE OF OPERATION <u>None</u> | | 19b. MAJOR FINDINGS OF OPERATION <u>no</u> | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u> | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ | | 21c. (CITY, TOWN, OR TOWNSHIP), (COUNTY) _____ (STATE) <u>102</u> | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? <u>HHHX</u> | | | |
| 22. I hereby certify that I attended the deceased from <u>Jan 1, 1949</u> to <u>Oct 12, 1949</u> , that I last saw the deceased alive on <u>Sept 24, 1949</u> and that death occurred at <u>10 pm</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>Dr. Wm. J. Langley, Jr.</u> | | | | 23b. ADDRESS <u>5802 Plymouthe Av.</u> | | 23c. DATE SIGNED <u>Oct 14/49</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>Oct. 15, 1949</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u> | |
| DATE REC'D BY LOCAL REG. <u>OCT 14 1949</u> | | REGISTRAR'S SIGNATURE <u>J. B. Basater</u> | | FUNERAL DIRECTOR'S SIGNATURE <u>Arthur J. Brunelle</u> | | ADDRESS <u>810 Lindell Blvd.</u> | |

(Licensed Embalmer's Statement on Reverse Side)

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

FEB 9 1950

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.....

..... Student Embalmer No.

working under my personal supervision.

Student

Student Embalmer

Signed.....

W H Van Matre

Licensed Embalmer No. 2825

P. O. Address. 4340 Lafayette

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.