

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9

FILED JUL 3 1945

Registration District No. 217

Primary Registration District No. 6076

Registrar's No. 1619

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
2137 69th Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
(Specify whether years, months or days)

In this community.....
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Albert William York

3. (b) If veteran, name war None

3. (c) Social Security No. 489-09-6483

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Lena M. York 6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased November 22, 1885
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>59</u>	<u>7</u>	<u>1</u>	hr. _____ min.

9. Birthplace Imboden Arkansas
(City, town, or county) (State or foreign country)

10. Usual occupation Stationery Engineer

11. Industry or business Philadelphia Quartz Co.

12. Name William York

13. Birthplace Nashville Tennessee
(City, town, or county) (State or foreign country)

14. Maiden name Margueretta McKamey

15. Birthplace Imboden Arkansas
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lena M. York

(b) Address 2137 69th Street

17. (a) Burial (b) Date thereof June 25, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lake Charles Cemetery

18. (a) Signature of funeral director Shepard Funeral Home

(b) Address 1167 Hamilton Avenue.

19. (a) E. H. McNamee (b) 1945
(Date received local burial) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

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

(d) Street No. 2137 69th Street
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 23, 1945
year 3 hour 25 minute P M.

21. I hereby certify that I attended the deceased from 6-11, 1945, to 6-23, 1945;
that I last saw him alive on 6-23-45 and that death occurred on the date and hour stated above.

Immediate cause of death: Decubal Ulcer - Myocarditis - Chronic

Due to _____

Due to 9:30

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

Duration 2 wks 8 yrs

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? _____

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

23. Signature [Signature] (M. D. or other) _____
Address 1943 North Bend Date signed 6/24/45

1713 Nat. Burial

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 John Agonochi
Licensed Embalmer No. 3398

P. O. Address.....

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.