MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

38904

1. PLACE OF DEATH

County ..... Registration District No. 1003 File No. .....

Township ..... Primary Registration District No. ..... Registered No. 11571

City St. Louis, Mo. (No. 4472 Beck Ave. St. ..... Ward)

2. FULL NAME Edward L. Yorty

(a) Residence. No. 4472 Beck Ave. St., 15 Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 1-1910

7. AGE: Years 18 | Months 6 | Days 25 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Hard Wood

(b) General nature of industry, business, or establishment in which employed (or employer): Finisher

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Arkansas

PARENTS

10. NAME OF FATHER: Chas St. Yorty

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Pennsylvania

12. MAIDEN NAME OF MOTHER: Clara B. Clemens

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): West Virginia

14. INFORMANT: Chas St. Yorty
(Address) 4472 Beck Ave

15. FILED 27 1928, 19 Max C Stanley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 26 - 1928.

17. I HEREBY CERTIFY, That I attended deceased from Apr 1, 1928, to Nov 26, 1928 that I last saw him alive on Nov 23, 1928, and that death occurred, on the date stated above, at 2 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Nephritis (amyloid)

1290

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Anemia

121

(duration) 1 yrs. mos. ds.

6919

18. WHERE WAS DISEASE CONTRACTED

7119

IF NOT AT PLACE OF DEATH? .....

DID AN OPERATION PRECEDE DEATH? No. DATE OF —

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) Cawhite, M. D

11/27, 1928 (Address) 1125 S Tangle Highway

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: New St. Marcus | DATE OF BURIAL: 11-28-1928.

20. UNDERTAKER: Ziegenheim Bros. | ADDRESS: 2623 Cherokee

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WHITE PLAINLY, WITH UNFADING INKEPTHIS IS A PERMANENT RECORD