DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 5167

FILED MAR 17 1942

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 1270

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: St Marys Infirmary (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 weeks (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Ill (b) County St Clair

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

(d) Street No. 614 So. 2nd St. (If rural, give location) NR

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Mollie York

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Female

5. Color or race Colored

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

6. (b) Name of husband or wife Ike York

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased about 69 yrs. (Month) (Day) (Year)

8. AGE: Years about 69 yrs. | Months | Days | If less than one day hr. min.

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

10. Usual occupation Housework

11. Industry or business at Home

FATHER
12. Name Robert Sullivan
13. Birthplace (City, town, or county) So Carolina (State or foreign country)

MOTHER
14. Maiden name unknown
15. Birthplace unknown (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Ike York

(b) Address Sovejoy Ill

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Feb 9-1942 (Month) (Day) (Year)

(c) Place: burial or cremation East St Louis Ill

18. (a) Signature of funeral director J. Marshall

(b) Address 2205 Mo Ave East St Louis Ill

19. (a) [illegible] (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 7 year 1942 hour 2 minute 30A M.

21. I hereby certify that I attended the deceased from Dec 16, 1941, to Feb 7, 1942, that I last saw her alive on 2/7, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Acidosis
C Cardiac Failure

Due to Diabetes Mellitus

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Amputation of Left Leg

Of autopsy

Duration: 8 weeks

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) No

(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? (Specify type of place)

While at work? (e) Means of injury

23. Signature E. F. Windsor M.D. (M. D. or other) M.D.

Address 1005 N. 2nd Street Date signed 2/7/42

(Licensed Embalmer's Statement on Reverse Side)

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

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.

Rev. 5-17-39 I X19511

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 Lydia Hughes

Licensed Embalmer No. 2938

P. O. Address St Louis

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, above space should be left blank.