

Registration District No. **791**

Primary Registration District No. **1007**

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

1. PLACE OF DEATH:

(a) County..... **St. Louis**

(b) City or town..... **St. Louis**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
**4528 Emerson Ave.**  
(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 **Daniel W. Yorke**

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex **Male** 0 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Nellie May Yorke** 6. (c) Age of husband or wife if alive **65** years

7. Birth date of deceased **Oct. 5 1878**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>63</b>	<b>4</b>	<b>0</b>	.....hr. ....min.

9. Birthplace **Ill. /**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Machinist**

11. Industry or business **Retired**

MOTHER FATHER { 12. Name **Sylvester York**

{ 13. Birthplace **Unknown /**  
(City, town, or county) (State or foreign country)

{ 14. Maiden name **Cassie Wilson**

{ 15. Birthplace **Unknown /**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Nellie May Yorke**  
(b) Address **4528 Emerson Ave.**

17. (a) **Burial** (b) Date thereof **2-7-42**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Memorial Park Cem.**

18. (a) Signature of funeral director **Drehmann-Harral**  
(b) Address **1905 Union Blvd.**

19. (a) **FEB 5 1942** **J. F. Budeck**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County..... **000**

(c) City or town..... **St. Louis** **7 17**  
(If outside city or town limits, write "RURAL")

(d) Street No. **4528 Emerson Ave.**  
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)

If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Febr.** day **5**  
year **1942** hour **3** minute **40** A. M.

21. I hereby certify that I attended the deceased from **Feb 10 -**  
**1941** to **Feb 5** 19**42**  
that I last saw him alive on **Feb 4** 19**42**  
and that death occurred on the date and hour stated above.

Immediate cause of death.....  
**Ac Myocarditis**  
**Chv Endocarditis**  
Due to.....  
**Coronary Sclerosis**

Other conditions.....  
**Epilepsy**  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations.....  
Of autopsy.....

Duration  
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)

(c) Means of injury.....

23. Signature **Samuel Wags** (M. D. or other) **MD**  
Address **2906 N. Union** Date signed **7-5-42**

1571 W. ...  
2906 ...  
10 to 12 AM  
1:15 4 PM

**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 Albert R. Thompson Jr.  
Licensed Embalmer No. 4237  
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.**