S. No. 2
—1-4-41
5-17-39
PI X28390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 19121

FILED JUN 22 1942

Registration District No. 707 Primary Registration District No. 107 Registrar's No. 1287

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Mo. St. Louis
(c) City or town Clayton
(If outside city or town limits, write "RURAL")
(d) Street No. 17 Lee Ave.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Norris W. Yore
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex Male
5. Color or race Wh
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive years
7. Birth date of deceased July (Month) 12 (Day) 1878 (Year)

8. AGE: Years	Months	Days	If less than one day
63	10	28	hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Real Estate
11. Industry or business
FATHER 12. Name James H. Yore
13. Birthplace Louisville (City, town, or county) Kentucky (State or foreign country)
MOTHER 14. Maiden name Virginia Hanley
15. Birthplace St. Louis County (City, town, or county) Mo. (State or foreign country)
16. (a) Informant J. H. Yore
(b) Address 314 S. Hanley, Clayton Mo.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 6/12/42 (Month) (Day) (Year)
(c) Place: burial or cremation Bellefontaine Cemty
18. (a) Signature of funeral director LOUIS H. BOPP, Inc.
(b) Address Kirkwood Mo
19. (a) JUN 11 1942 (Date received local registrar) (b) C. G. McGaughey, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 10 year 1942 hour AM minute M.
21. I hereby certify that I attended the deceased from 1940, 19 to Feb 13, 1942
that I last saw him alive on Feb 13, 1942, 19
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral hemorrhage	2
Due to Cardiorenal vascular disease - hypertension	3 yrs.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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 J. S. Barnett (M. D. or other)
Address 5427 Delmar Date signed 6-10-42

(Licensed Embalmer's Statement on Reverse Side)

707

JUN 23 1942

JUL 15 1942

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 M. Meyer

Licensed Embalmer No. 3288

P. O. Address Kirkwood Mo

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.