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7. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

20148

State File No.

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **5193**

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17
9
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County.....

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

(c) Name of hospital or institution:
St. Louis City Hospital **O**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... **3 Days**
(Specify whether years, months or days)

In this community..... **Birth**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No..... **5240 N. Broadway**
(If rural, give location)

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

If yes, name country.....

3. (a) PRINT FULL NAME..... **James Douglas York**

3. (b) If veteran, name war..... **None**

3. (c) Social Security No.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... **June**..... day..... **13**.....
year..... **1942**..... hour..... **2:00**..... minute..... **A.**..... M.....

21. I hereby certify that I attended the deceased from..... **June 10**....., 19**42** to..... **June 13**....., 19**42**
that I last saw him..... alive on..... **June 13**....., 19**42**
and that death occurred on the date and hour stated above.

4. Sex..... **Male** **O** 5. Color or race..... **White**

6. (a) Single, widowed, married, divorced..... **Widower**

6. (b) Name of husband or wife..... **Not mentioned**

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

7. Birth date of deceased..... **October 23, 1872**
(Month) (Day) (Year)

Immediate cause of death.....
Acute Heart Disease

Due to.....

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.

8. AGE: Years Months Days If less than one day

69 **7** **21** hr. min.

9. Birthplace..... **Unknown** **O** **Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation..... **Landscape gardner**

11. Industry or business.....

12. Name..... **Unknown**

13. Birthplace..... **Unknown** **Ky.** **1**
(City, town, or county) (State or foreign country)

14. Maiden name..... **Unknown**

15. Birthplace..... **Unknown** **Ky.** **1**
(City, town, or county) (State or foreign country)

16. (a) Informant..... **Mrs. Harold Prange**

(b) Address..... **5240 N. Broadway**

17. (a) **Burial** (b) Date thereof..... **6/16/42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... **Friedens Cemetery**

18. (a) Signature of funeral director..... **Math Hermann & Son**

(b) Address..... **2161 East Fair Ave**

19. (a) **Miss** (b) **J. F. Medelek**
(Date received local registrar) (Registrar's signature)

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)

(a) Means of injury..... **O**

23. Signature..... **J. F. Medelek M.D.** (M. D. or other)

Address..... **1515 Lafayette Avenue,** **D 6/13/42**

1942

644

(Licensed Embalmer's Statement on Reverse Side)

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 Francis A. Williamson

Licensed Embalmer No. 3565

P. O. Address St Louis 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.