. S. No. 2
—11-10-39
5-17-39
I X21492

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. 49778

Registration District No. FILED JAN 12 1944 8

Primary Registration District No. 1003

Registrar's No. 11804

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. Louis City Hospital 0
(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: 000

(a) State Missouri (b) County 17

(c) City or town St. Louis 75
(If outside city or town limits, write "RURAL")

(d) Street No. 5668 Cabany
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Nellie Yore

3. (b) If veteran, name war none

3. (c) Social Security No.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife William Yore

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

7. Birth date of deceased February 8, 1870
(Month) (Day) (Year)

8. AGE: Years 73 | Months 10 | Days ~~20~~ 19 | If less than one day hr. min.

9. Birthplace Providence (City, town, or county) Rhode Is. (State or foreign country)

10. Usual occupation none.

11. Industry or business

FATHER
12. Name Michael DadySad
13. Birthplace (City, town, or county) Unk. 9 (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace Margaret Flynn (City, town, or county) - Unk. (State or foreign country)

16. (a) Informant Helen P. Haigand
(b) Address East St. Louis

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 12-30-43 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cem.

18. (a) Signature of funeral director C. G. Kurrus
(b) Address East St. Louis, Ill.

19. (a) DEC 28 1943 (Date received local registrar) (b) J F Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 27
year 1943 hour 12 minute 01 M.

21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Fractured pelvis Arteriosclerosis, whole slipped and fell to floor in Lee home October 24 about 4:30 pm

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration 1943

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) Accident
(b) Date of occurrence Oct 24 1943
(c) Where did injury occur? St Louis (City or town) (County) (State) 000
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)
While at work? no (e) Means of injury Fall

23. Signature James J. Fitzsimmons (M. D. or other) Coroner
Address 1300 Clark Date signed 12/28/43

(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.....

Licensed Embalmer No. 3162

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, above space should be left blank.