

FILED MAY 16 1946
Registration District No. _____

Primary Registration District No. 6076

1. PLACE OF DEATH:
 (a) County St. Louis
 (b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Veterans Administration Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution Since 4/16/46
(Specify whether years, months or days)
 In this community 29 Years

2. USUAL RESIDENCE OF DECEASED:
 (a) State Illinois (b) County 999
 (c) City or town East St. Louis 11
(If outside city or town limits, write "RURAL")
 (d) Street No. 705 North 60th Street 0
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No) 2
 If yes, name country _____

3. (a) PRINT FULL NAME YORK, Roy I.
 3. (b) If veteran, name war World I
 3. (c) Social Security No. Unknown

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Eva York
 6. (c) Age of husband or wife if alive 42 years
 7. Birth date of deceased April 28 1896
(Month) (Day) (Year)

8. AGE: Years 50 Months 0 Days 5
 If less than one day hr. _____ min. _____

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

10. Usual occupation Millwright, Swift & Co.

11. Industry or business _____

MOTHER FATHER { 12. Name Az or York
 { 13. Birthplace Illinois
(City, town, or county) (State or foreign country)
 { 14. Maiden name Melvina McMillan
 { 15. Birthplace Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Clinical Clerk, Vet. Adm. Hosp.
 (b) Address Jefferson Barracks, Missouri

17. (a) Removal (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation E. St. Louis Ill.

18. (a) Signature of funeral director Kurris Funeral Home

(b) Address East St. Louis, Illinois

19. (a) 56-46 (b) E. M. Saran
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 3
 year 1946 hour 5:25 minute P M.

21. I hereby certify that I attended the deceased from 4/16/46, 19____, to 5/3/46, 19____;
 that I last saw him in allive on May 3, 1946;
 and that death occurred on the date and hour stated above.

Immediate cause of death HYPERTENSIVE HEART DISEASE WITH MYOCARDIAL DAMAGE AND DYSPNEA
 Duration UNK

Due to 131
 Due to _____

Other conditions NEPHRITIS CHRONIC;
(Include pregnancy within 3 months of death)
ASTHMA BRONCHIAL
 UN K

Major findings: No Operation
 Of operations _____

Of autopsy No Autopsy
 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?

While at work? R. E. Stillwell
(Specify type of place) (Cause of injury)

23. Signature R. E. Stillwell, M.D. (M. D. or other) _____
 Address Vet. Adm. Hosp. Jeff. Brks. Mo. Date signed 5/4/46

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

MAY 20 1946

MAY 27 1946

MAY 21 1946

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 *E. S. Houder*
Licensed Embalmer No. *3162*
P. O. Address *E. S. Houder, Abilene*

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.