No. 300
10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10554

BIRTH NO. FILED MAR 31 1954 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 2587

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 4125a S. Grand Blvd

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis,
d. STREET ADDRESS (If rural, give location): 3625a Taft Ave.

2159
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3. NAME OF DECEASED (Type or Print)
a. (First): NICK
b. (Middle):
c. (Last): YORGA

4. DATE OF DEATH (Month) (Day) (Year): March, 19, 1954

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: April, 26, 1893
9. AGE (In years last birthday): 60 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Barber
10b. KIND OF BUSINESS OR INDUSTRY: Hair cutting
11. BIRTHPLACE (State or foreign country): Obeba Hungary
12. CITIZEN OF WHAT COUNTRY?: 8

13a. FATHER'S NAME: Mike Yorga
13b. MOTHER'S MAIDEN NAME: Elizabeth
14. NAME OF HUSBAND OR WIFE: ?
Anna Yorga

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 488-09-5240
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Anna Yorga 3625a Taft Ave.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Aortic Stenosis
DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
4211
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at* 8:25 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Patrick F. Taylor Coroner
23b. ADDRESS: 1300 Clark
23c. DATE SIGNED: 3-21-54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3/22/54
24c. NAME OF CEMETERY OR CREMATORY: Lakewood Park Cem
24d. LOCATION (City, town, or county) (State): St. Louis County, Mo.

DATE REC'D BY LOCAL REG.: MAR 22 1954
REGISTRAR'S SIGNATURE: J. Carl Smith M.D. MDB
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: CHULICK FUNERAL HOME 1722 S. Jefferson

(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.....

....., Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed Alex A. Chulick

Licensed Embalmer No. 4143

P. O. Address 1722 S. Jeffe

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.