

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24612

FILED AUG 2-1955

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **6175**

1. PLACE OF DEATH
a. COUNTY _____
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis, Mo**
c. LENGTH OF STAY (in this place) _____
c. CITY OR TOWN **St. Louis, Mo**
d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION **Deaconess Hospt**
STREET ADDRESS (If rural, give location) **5131 Terry Ave**

3. NAME OF DECEASED
a. (First) **Kate** b. (Middle) _____ c. (Last) **Yorg**
4. DATE OF DEATH (Month) (Day) (Year) **July 15, 1955**

5. SEX **Female** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married**
8. DATE OF BIRTH **June 9, 1885** 9. AGE (In years last birthday) **70** IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 12 HRS. Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Housewife**
10b. KIND OF BUSINESS OR INDUSTRY _____
11. BIRTHPLACE (City and State or Foreign Country) **St. Louis, Mo**
12. CITIZEN OF WHAT COUNTRY? **U. S.**

13a. FATHER'S NAME **George Muesenflechter** 13b. MOTHER'S MAIDEN NAME **Mary Lepper** 14. NAME OF HUSBAND OR WIFE **Anthony Yorg**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **No** (If yes, give war or dates of service) **No** 16. SOCIAL SECURITY NO. **None** 17. INFORMANT'S SIGNATURE OR NAME **Anthony Yorg** ADDRESS **5131 Terry Ave**

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Lymphosarcoma, fat embolus**
ANTECEDENT CAUSES _____ DUE TO (b) _____ DUE TO (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.
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 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) **2001**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) _____ 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 **July 6, 1955**, to **July 15, 1955**, that I last saw the deceased alive on **July 15, 1955**, and that death occurred at **10:10 P. M.** from the causes and on the date stated above.

23a. SIGNATURE (In large or bold type) **Berkle Eck** 23b. ADDRESS **508 N. Grand** 23c. DATE SIGNED **July 15, 55**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **July 19, 1955** 24c. NAME OF CEMETERY OR CREMATORY **Calvary** 24d. LOCATION (City, town, or county) (State) **St. Louis, Mo**

DATE REC'D BY LOCAL REG. **Jul 18 1955** REGISTRAR'S SIGNATURE **Carl Smith MD** 25. FUNERAL DIRECTOR'S SIGNATURE **Sullivan's Funeral Directors** ADDRESS **2849 N Euclid Av**

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

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.....
Signature of Student Embalmer

Signed..... *Albert Hayfill*

Licensed Embalmer No. *30*

P. O. Address *St. Louis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.